

# U.S. Biovigilance Network

Investing in patient safety and donor health

## Hemovigilance Intent to Participate

As a leader in the health industry, your support is crucial for the success of the biovigilance initiative. By collaborating with AABB, we can all work together to ensure that the transfusion community realizes collective success.

Please indicate your interest by providing the information below. By making your interest known, AABB can answer any questions about joining the National Healthcare Safety Network (NHSN) Hemovigilance Module and ensure that the enrollment process is a success. Once enrolled, you will have an opportunity to join a group with your peers that will allow customized data analysis and trending.

Managed by the Centers for Disease Control and Prevention (CDC), NHSN is a secure, web-based healthcare data collection system and is already used by over 2,600 hospitals nationwide.

This form is specific to participation in the hospital-based NHSN Hemovigilance Module. If you are interested in participating in the donor hemovigilance system, please contact [biovigilance@aabb.org](mailto:biovigilance@aabb.org).

- My facility plans to participate in the CDC's NHSN Hemovigilance Module (for more information, contact [nhsn@cdc.gov](mailto:nhsn@cdc.gov) or <http://www.cdc.gov/nhsn/about.html>)
- My facility would like more information about how to use hemovigilance data in benchmarking and quality improvements.

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Total Units Red Blood Cells Transfused Annually: \_\_\_\_\_ Total Units Red Blood Cells Collected Annually: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Please check here if AABB may include your organization's name in a list of facilities that have agreed to participate in the hemovigilance program.

**Please complete, sign and return this form via mail, fax or email to:**

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