

Introduction



Baseline Information Survey

Please refer to the glossary for all terms in orange: [Survey definition](#)

Download: [Baseline survey questionnaire](#)

Which of the following best describes the institution for which you are completing the survey?

- Hospital transfusion service with an on-site donor collection facility
- Hospital transfusion service with no donor collection on-site
- Blood collection center

Is your institution AABB accredited?

- Yes
- No

To be Completed by- Blood Centers & Hospitals with Blood Collection Center

Baseline Blood Collection Information

Demographics

1. Name of Institution

2. Number of hospital clients overall

a. Number of hospital clients that receive regular blood components that include platelets

What is your blood center's approximate annual WB/RBC collection volume?

- < 50,000
- 50,000 to 199,999
- 200,000 to 399,000
- ≥ 400,000

3. What FDA mitigation strategy are you planning to use? Please provide percentage breakdown as a total of your in-house platelet collections.

Pathogen reduced SDPs in PAS	<input type="text" value="0"/>
Pathogen reduced SDPs in plasma	<input type="text" value="0"/>
Platelets sampled at 24 hours and only good until day 3	<input type="text" value="0"/>
Perform a rapid test to extend the outdate of units	<input type="text" value="0"/>
Perform secondary culture test no sooner than day 3 to be able to use SDPs on days 4 and/or 5	<input type="text" value="0"/>
Perform a secondary culture test cleared or approved by FDA as a "safety measure" test no sooner than day 4 to extend shelf-life up to day 7	<input type="text" value="0"/>
Large volume delayed sampling (LVDS) at 36 hours with a 5-day expiration	<input type="text" value="0"/>
LVDS at 48 hours with a 7-day expiration	<input type="text" value="0"/>
Total	<input type="text" value="0"/>

Baseline questions:

Please provide numeric value

-
Please provide numeric value

1. How many apheresis platelet units (standard units) did your institution collect in 2019?

2. How many whole blood platelet units did your institution collect in 2019? (Please report units as standard size pooled whole blood derived platelets.)

3. How many **low yield** platelet units did your institution collect in 2019?

a. How many **low yield** platelet units did your institution distribute in 2019?

4. How many platelet units were **wasted** by your institution due to outdate in 2019?

a. Apheresis

b. Whole blood

5. How many group O RBC units did your institution collect in 2019?

a. Group O+

b. Group O-

6. What is your monthly target for platelet donors? Please provide the number of platelet donation appointment you target for each month.

To be completed by - All Hospital Transfusion Services

Baseline Hospital Transfusion Services Information

Demographics

1. Name of hospital

2. Number of beds.

- <50
- 50-200
- 201-500
- 501 - 1000
- >1000

3. Approximate annual inpatient surgical volume in case numbers.

- <100
- 100-999
- 1,000-1,399
- 1,400-2,399
- 2,400-4,999
- 5,000-7,999
- ≥8,000

4. What is the approximate distance between your hospital and your blood supplier(s) in miles? (If you are part of a hospital system, please use the largest hospital in the system).

	Miles from hospital
	-
a. Supplier 1 (primary blood center):	<input type="text"/>
b. Supplier 2:	<input type="text"/>
c. Supplier 3:	<input type="text"/>

5. How do you characterize your hospital? Please check all that apply.

- a. Level I trauma center
- b. High risk OB service
- c. Busy hematology-oncology program with allogeneic stem cell transplant program
- d. Solid organ transplant program with liver transplants
- e. General hospital

f. Other

Baseline questions:

Please provide numeric value only without any sign e.g., %

1. How many apheresis platelet units were transfused by your institution in 2019?

2. How many whole blood platelet units were transfused by your institution in 2019? (Please report units as standard size pooled whole blood derived platelets. For reporting purposes, convert individual units to equivalent standard size pooled units.)

3. How many **low yield** platelet units did your institution receive from your blood supplier in 2019?

4. Did your blood bank take additional measures (eg releasing outdated units, splitting to extend inventory, etc.) due to platelet inventory concerns in 2019?

Yes

No

If yes, then on average in 2019 how often did you take additional measures:

5 or more times per month

1-4 times per month

Less than once per month

Please provide numeric value only without any sign e.g., %

-
Please provide
numeric value only
without any sign e.g.,
%

5. How many group O RBC were transfused by your institution in 2019?

i. Group O+

ii. Group O-

6. How many platelet units were wasted by your institution due to outdate in 2019?

Contact Information: Monthly Survey

Please provide the contact information of the person responsible for answering monthly questions for this survey series:

Name

Email address