

Baseline Hospital Transfusion Services Information

Please refer to the glossary for all terms in orange: Survey definition

Demographics

1. Name of hospital

- 2. Number of beds
- O <50
- 0 50-200
- O 201-500
- **O** 501 1000
- O >1000

3. Approximate annual inpatient surgical volume

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

4. Distance to blood suppliers (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):	
b. Supplier 2:	
c. Supplier 3:	

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

Baseline questions:

	Please provide numeric value only without any sign e.g., %
1. How many apheresis platelet units were transfused in 2019?	
2. How many whole blood platelet units were transfused in 2019?	
3. How many <u>low yield</u> platelet units did you <u>receive from your</u> <u>blood supplier in </u> 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 Did your blood bank take additional measures (eg releasing outdated units, splitting to extend inventory, etc.)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?

O	Yes
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O No

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

- O 5 or more times per month
- O 1-4 times per month
- O Less than once per month

	Please provide numeric value only without any sign e.g., %
5. How many <u>group O RBC</u> were transfused in 2019? i. Group O+	
ii. Group O-	
6. How many platelet units were <u>wasted</u> due to outdate in 2019?	

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

Name

Email address