AABB Monthly Platelet and Group O Survey: Quarter 1 (Q1) 2024 Invitation

Please report for the months of Q1 2024.

Name of Institution

Have you completed the baseline survey?

- Yes
- No  *

*If the baseline is not complete:

Please provide the number of your hospital beds.

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

To be completed by all hospital transfusion services

Monthly Hospital Transfusion Services Questions
Monthly questions

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<tr>
<th>Month</th>
<th>January 2024</th>
<th>February 2024</th>
<th>March 2024</th>
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<td><strong>While providing data on platelet units</strong> - do not include aliquots for pediatric patients (unless specified). Please provide numeric value only without any sign e.g., %</td>
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1. How many platelet units did your hospital transfuse during the full calendar month of: [Unit=Single apheresis unit/equivalent standard size pooled whole blood derived platelets/pre-pooled whole blood derived platelets(Acordose/Imugard)]

2. How many **low yield platelet units** did your hospital receive from your blood supplier during the full calendar month of:

3. For hospital platelet wastage during the full calendar month of:
   a. Approximately how many units of platelets did your hospital **waste** due to outdate?
   b. Approximately how many units of platelets did your hospital **waste** for other reasons (see definitions)?

4. How many Allogeneic Red Blood Cell (RBC) units did your hospital transfuse during the full calendar month of:

5. For hospital RBC wastage during the full calendar month of:
   a. Approximately how many units of RBCs did your hospital **waste** due to outdate?
   b. Approximately how many units of RBCs did your hospital **waste** due to outdate?

6. How many group O RBC did your hospital transfuse during the full calendar
While providing data on platelet units- do not include aliquots for pediatric patients (unless specified). Please provide numeric value only without any sign e.g., %

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