NEW YORK STATE DEPARTMENT OF HEALTH

Blood Resources Program

2019 Blood Services Activity Report

Reporting Period
January 1 – December 31, 2019

PFI # _____

Facility Name: _____

Street: _____

City: _____

State: _____

Zip Code: _____

Laboratories holding a New York State Department of Health permit in Blood Services – Collection, Blood Services – Collection Autogeneic Only, Blood Services – Transfusion and/or Blood Services – Transfusion Storage Only are required to submit a Blood Services Activity Report annually. Blood collected or transfused in New York State must be reported.

If your facility holds a permit in any of the categories listed above, but no collection or transfusions were performed in 2019, the form must be returned indicating that none of the activities above were performed during the reporting period. For any question that does not apply to your facility, indicate N/A or leave blank. If a question does apply, but there was no activity in 2019 enter 0 (zero).

This form is presented as a PDF fillable document. It is possible to enter data and save the document multiple times, even if you have only Adobe Reader. However, you may wish to print and complete a hard copy prior to data entry. It is not necessary to submit a signed paper document. Please indicate, on page 2, the responsible blood bank director and the name of the person who completed the form.

Please send this PDF fillable form, as an e-mail attachment, to clep@health.ny.gov, with a subject title of 2019 BSAR and your facility's PFI number by June 12, 2020. Questions should be sent via email to clep@health.ny.gov.

2019 Blood Services Activity Report

PFI # _____

I. RESPONSIBLE PARTIES

Enter the names of the Blood Bank Director and the person completing the form, along with their titles, phone numbers and e-mail addresses.

	Blood Bank Director	Person Completing Form
Name		
Title		
Phone #		
E-Mail Address		

Preferred e-mail address for future blood bank-related communications: _____

Do not complete this section – For NYSDOH use only

Collection	
Collection Autogeneic Only	
Transfusion	
Transfusion Storage Only	

Date Received	
Date Reviewed	

BLOOD/BLOOD COMPONENTS COLLECTION, PREPARATION, AND DISPOSITION

PFI #_____

A. Allogeneic/Community Blood

Complete the form to provide data regarding the collection, preparation, receipt, transfusion, and final disposition of allogeneic/community blood and blood components at your facility. **Autogeneic and directed donations collected, received, and/or transfused should not be listed in Table IIA.** Autogeneic and directed donation and transfusion information should be recorded in Table II.B and II.C, respectively.

Column 1 - Units collected/prepared includes blood and blood components prepared from whole blood and those collected by apheresis at your facility.
Column 2- Enter the number of units received from a facility located in New York State.
Column 3 - Enter the number of units received directly from a facility located outside New York State.
Column 4 - Record the number of units transfused at your facility. Each unit of RBCs should be counted only once regardless of the number of aliquots prepared.
Do not include units issued to and transfused at offsite facilities in column 4. These will be recorded in Columns 5, 6 and 7.
Column 5 - Record the number of units issued to a blood bank holding a permit in Blood Services Transfusion Storage Only (permitted laboratories that issue blood for transfusion but rely on a blood bank holding a permit in Blood Services – Transfusion and Immunohematology to perform pre-transfusion testing. Do not include blood issued to Limited Transfusion Services or Ambulance Transfusion Services.)
Column 6 - Record the number of units issued to limited transfusion services. Limited transfusion service (LTS) means a facility, home care services agency, physician's office, or other entity which administers blood or blood components, and may temporarily store blood or blood components, and distribute them within its own organization, but relies on a blood bank holding a permit in blood services-transfusion to perform laboratory tests required under section 58-2.17 of Subpart 58-2, Blood Banks and Laboratories Performing Immunohematology Testing.
Column 7 - Record the number of units issued to and transfused by ambulance transfusion services. Ambulance transfusion service (ATS) means an ambulance service certified by the department that administers blood components during transport from one hospital to another hospital. This includes blood initiated at the transferring hospital and continued and monitored during interfacility transport.
Column 8 – Enter the number of units discarded or outdated
Column 9 – Enter the number of units transferred by your facility. Do not include the units transferred to a transfusion storage only facility, LTS or ATS. This information is to be recorded columns 5, 6 and 7 respectively.
Column 10 - Enter the number of plasma units sent for further manufacturing.

Row A - include only the number of units that remain as whole blood intended for transfusion. For each unit of Whole Blood collected/prepared, provide data for all corresponding components **prepared from the Whole Blood collection** and their final disposition.
Row B – Enter the information regarding number of units of red blood cells received, transfused, transferred or outdated/discarded. Red blood cells include packed red cells, leukoreduced, washed and deglycerolized red cells.
Row C – Enter the information regarding number of units of red blood cells (pheresis) intended for transfusion.
Row D – Enter the information regarding number of units of frozen (not deglycerolized) red blood cells.
Row E - Record the **individual** number of platelet concentrates.
Row F - Record the **individual** number of single donor platelets (pheresis).
Row G - Record the number of granulocytes (pheresis).
Row H - Plasma includes all allogeneic plasma prepared from whole blood and intended for transfusion, including FFP, PF24, other frozen plasma, and liquid plasma. Recovered plasma sent for fractionation or further manufacture should be included in H.10.
Row I. Plasma (pheresis) includes all plasma prepared by pheresis intended for transfusion. Plasma sent for fractionation or further manufacture should be included in I.10.
Row J. Record the number of cryoprecipitate units (pools of five) issued.
Rows A through J are mutually exclusive. The same unit should not appear in more than one row. For Rows A through J, the aggregate sum of Columns 1, 2, and 3 should approximately equal the aggregate sum of Columns 4, 5, 6, 7, 8 and 9 and 10, row by row.

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Table IIA. Allogeneic/Community Blood

PFI # _____

	1	2	3	4	5	6	7	8	9	10
Component	**Collected/ Prepared Onsite**	**Received from NYS facility**	**Received directly from a facility located Outside NYS**	**Transfused onsite at Facility**	**Issued to a facility holding permit in Transfusion Storage Only**	**Issued to Limited Transfusion Service**	**Issued to Ambulance Transfusion Service**	**Number of units discarded or outdated**	**Transferred by your facility**	**Sent for Further Manufacture**
A. Whole Blood (WB) (for transfusion as WB)										
B. Red Blood Cells										
C. RBCs (Pheresis) [count double unit as 2]										
D. RBCs, Frozen (not deglycerolized)										
E. Platelet Concentrates										
F. Single Donor Platelets (Pheresis)										
G. Granulocyte (Pheresis)										
H Plasma from Whole Blood										
I. Plasma (Pheresis)										
J. Cryoprecipitate - (Pools of Five)										

PFI #_____

II. BLOOD/BLOOD COMPONENTS COLLECTION, PREPARATION, AND DISPOSITION

A. Autogeneic Blood

Complete the form to provide data regarding the collection, preparation, receipt, transfusion, and final disposition of autogeneic blood and blood components at your facility.

Column 1 - Units collected/prepared includes blood and blood components prepared from whole blood and those collected by apheresis at your facility. Row A should include only units that remain as whole blood intended for transfusion.
Column 2- Enter the number of units received from a blood center/hospital located in New York State.
Column 3 - Enter the number of units received directly from a facility located outside New York State. Do not enter out of state units that are issued to you from a blood center/hospital located in New York State.

For each unit of RBCs collected/prepared, you must account for any corresponding components and their final disposition.

If your facility crosses over autogeneic donations, or components made from them, for use by other than the intended recipient, record the number of units in Column 4 (A through D).

Record the number of units discarded or outdated in Column 6.

The number of units transferred (Column 7) includes those units transferred from your hospital or blood center to another hospital.

Row C includes all plasma prepared from whole blood and intended for transfusion, including FFP, PF24, other frozen plasma, and liquid plasma.
Recovered plasma sent for fractionation or further manufacture should not be included.

Rows A through D are mutually exclusive. The same unit should not appear in more than one row. For Rows A through D, the aggregate sum of Columns 1, 2, and 3 should approximately equal the aggregate sum of Columns 4, 5, 6, and 7, row by row.

Table IIB. Autogeneic Blood

	1	2	3	4	5	6	7
Component	**Collected/ Prepared**	**Received from NYS facility**	**Received directly from a facility located Outside NYS**	**Crossed Over**	**Transfused to Patient/Donor**	**Number of units discarded or outdated**	**Transferred by Facility**
A. Whole Blood (WB) (for transfusion as WB)							
B. RBCs							
C. Plasma							
D. Cryoprecipitate							

II. BLOOD/BLOOD COMPONENTS COLLECTION, PREPARATION,AND DISPOSITION

PFI # _____

B. Directed Donor Blood

Complete the form to provide data regarding the collection, preparation, receipt, transfusion, and final disposition of directed blood and blood components at your facility.

Column 1 - Units collected/prepared includes blood and blood components prepared from whole blood and those collected by apheresis at your facility. Row A should include only units that remain as whole blood intended for transfusion.
Column 2- Enter the number of units received from a blood center/hospital located in New York State.
Column 3 - Enter the number of units received directly from a facility located outside New York State. Do not enter out of state units that are issued to you from a blood center/hospital located within New York State. If your facility crosses over directed donations, or components made from them, for use by other than the intended recipient, record the number of units(s) in Column 5 (A through E).

Record the number of units discarded or outdated in Column 6. If your facility is a blood center, the number of outdated units should include only those units outdated at your blood center. Do not include units that are already outdated when they are returned to the blood center. Hospitals should report units that outdate at their facility even if these units could be returned to the blood center for credit.

The number of units transferred (Column 7) includes those units transferred from your hospital or blood center to another hospital.

Row C includes all plasma components prepared from whole blood and intended for transfusion, including FFP, PF24, other frozen plasma, and liquid plasma. **Recovered plasma sent for fractionation or further manufacture should not be included.**

Rows A through D are mutually exclusive. The same unit should not appear in more than one row. For Rows A through D, the aggregate sum of Columns 1, 2, and 3, should approximately equal the aggregate sum of Columns 4, 5, 6, and 7, row by row.

Table IIC. Directed Donor Blood	1	2	3	4	5	6	7
Component	Collected/ Prepared	Received from NYS facility	Received directly from a facility located Outside NYS	Transfused to Designated Recipient	Transfused to Another Recipient	Number of units discarded or outdated	Transferred by Facility
A. RBCs							
B. Platelet Concentrates							
C. Plasma							
D. Single Donor Platelets (Pheresis)							
E. Cryoprecipitate							

II. BLOOD/BLOOD COMPONENTS COLLECTION, PREPARATION, AND DISPOSITION

PFI # _____

C. Summary – Supplier of Whole Blood and Red Blood Cell Units

NYS Blood Supplier (Table II.D.1) refers to allogeneic/community RBC units obtained by your facility **directly** from a blood center/hospital **located in NYS**. Enter the supplier(s) name, PFI, name and the number of RBC units received from each supplier.

Table II.D.1

New York State Blood Supplier - Allogeneic/Community (Attach separate list if necessary)			
	Number of Units	**PFI**	**Name of Supplier, City and State**
RBC (include all RBC components)			
Platelet Concentrates			
Single Donor Platelets			
Plasma			
Cryoprecipitate			
RBC (include all RBC components)			
Platelet Concentrates			
Single Donor Platelets			
Plasma			
Cryoprecipitate			
RBC (include all RBC components)			
Platelet Concentrates			
Single Donor Platelets			
Plasma			
Cryoprecipitate			

Out-of-State Blood Supplier (Table II.D.2) refers to allogeneic/community units **imported by your facility directly from a blood center/hospital located out of state**. **Do not enter out of state units that are issued to you from a blood center/hospital located in New York State**. Enter the out-of-state supplier(s) name and the number of RBC units imported from each supplier.

Table II.D.2

Out-of-State Blood Supplier - Allogeneic/Community **Imported by your facility directly from a blood center/hospital located out of state.** **Do not enter out of state units that are issued to you from a blood center/hospital located in New York State.** (Attach separate list if necessary)			
	Number of Units	**PFI**	**Name of Supplier, City and State**
RBC (include all RBC components)			
Platelet Concentrates			
Single Donor Platelets			
Plasma			
Cryoprecipitate			
RBC (include all RBC components)			
Platelet Concentrates			
Single Donor Platelets			
Plasma			
Cryoprecipitate			
RBC (include all RBC components)			
Platelet Concentrates			
Single Donor Platelets			
Plasma			
Cryoprecipitate			

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Complete the following if you issued blood to facilities holding a permit in Blood Services – Transfusion Storage Only, a limited transfusion service and/or an ambulance transfusion service in the applicable table(s) below:

TRANSFUSION STORAGE ONLY FACILITIES - permitted laboratories that issue blood for transfusion but rely on a blood bank holding a permit in Blood Services – Transfusion and Immunohematology to perform pre-transfusion testing. Record the PFI, name and address of the Blood Services - Transfusion Storage Only facility that your blood bank performed the pretransfusion testing for and issued blood to in 2019.

PFI of Facility with permit in Blood Services Transfusion Storage Only	Name of Facility with permit in Blood Services Transfusion Storage Only	Address Blood Services Transfusion Storage Only Facility

LIMITED TRANSFUSION SERVICES (LTS) – A limited transfusion service means a facility, home care services agency, physician's office, or other entity which administers blood or blood components, and may temporarily store blood or blood components, and distribute them within its own organization, but relies on a blood bank holding a permit in blood services-transfusion to perform laboratory tests required under section 58-2.17 of this Subpart. Record the name, address and LTS number that your facility issued blood to in 2019.

Name of LTS	Address of LTS	LTS Number

AMBULANCE TRANSFUSION SERVICES (ATS) - means an ambulance service (ground or air) certified by the department that administers blood components during interfacility transport from one hospital to another hospital. This includes a transfusion that is initiated by a clinical service at the hospital and monitored by the EMT-P/CC during interfacility transport to another hospital. It also includes blood administered by an EMT-P/CC or a nurse from the transferring hospital during interfacility transport to another hospital.

Record the name, address and ATS service number that your facility issued blood to in 2019.

Name of ATS	Address of ATS	Ambulance Code Number

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II. DERIVATIVES

Were derivatives dispensed in 2019? If yes, enter an 'X' under the applicable heading (blood bank or pharmacy) dispensing the derivative(s). If dispensed by an area, other than the blood bank or pharmacy, enter an 'X' under the heading 'Other' and indicate the name of the clinical service. If no derivatives were dispensed, place an 'X' under the heading 'None Dispensed'

	Blood Bank	Pharmacy	Other *	None Dispensed
Albumin				
Coagulation Factor Concentrates				
Intravenous Immune Globulin				
Plasma Protein Fraction				
Rh Immune Globulin				
Other, Specify below *				

III. INTRAOPERATIVE BLOOD RECOVERY (IBR) PROCEDURES -

Intraoperative blood recovery means recovery of blood from a surgical field and processing of recovered blood for direct reinfusion, storage or infusion into a cardiopulmonary bypass pump. Intraoperative blood recovery does **not** include performance of perioperative normovolemic hemodilution procedures. Postoperative blood recovery means recovery of blood from a wound following surgery, and processing of recovered blood for direct reinfusion or storage.

# IBR Procedures Performed by Hospital Employees	# IBR Procedures Performed at Hospital by Outside Entity	Name and Address of Outside Entity Performing IBR procedure

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VII. REINFUSION PROCEDURES

Reinfusion procedure means the withdrawal of blood or a component from a patient, its processing and administration of the product so obtained, in whole or in part, into the same patient for diagnostic or therapeutic purposes. Processing may include separation, radioisotopic tagging, or immunologic manipulation. **Reinfusion procedures do not include presurgical autogeneic collection, normovolemic hemodilution, intraoperative blood recovery or postoperative blood recovery.** If reinfusion products are prepared at your hospital, by another entity, or at their own site, please specify the name of the entity.

	# Prepared by Hospital	# Prepared at Hospital by Outside Entity *	# Prepared Offsite by Outside Entity *
A. WBC			
B. RBC			
C. Plasma			
D. Other (Specify Below)			

Other:

_____

*** Name and Address of outside entity(ies) that prepared reinfusion products**

Name_____ City_____

Name_____ City_____

Name_____ City_____

VIII. NUMBER OF TRANSFUSION COMPLICATIONS IN 2019

PFI #_____

Transfusion Complications	Number
A. Acute Hemolytic Reaction – Total #	
# Related to ABO-Incompatible Blood	
B. Delayed Hemolytic Reaction	
C. Anaphylactic/Anaphylactoid Reaction	
D. Transfusion-Associated Circulatory Overload (TACO)	
E. Transfusion-Related Acute Lung Injury (TRALI)	
F. Transfusion Associated Infections Disease (Specify below) _____	
G. Graft-vs-Host Disease	
H. Other (describe below – do not include FNH, urticarial and other allergic reactions)	

Number of fatalities in 2019 attributed primarily to transfusion complications_____ Describe briefly and specify cause(s):

PFI #_____

IX. EXCEPTIONS TO REGULATORY REQUIREMENTS

In A, report the number of exceptions to regulatory requirements that were authorized by a blood bank physician based on indications generally accepted by the medical community, per Section 58-2.26(a). In B, report the number of exceptions granted by the Blood and Tissue Resources Program, per Section 58-2.26(b).

A. Number of exceptions to regulatory requirements by the Blood Bank physician _____

B. Number of exceptions to regulatory requirements by NYSDOH _____

C. Briefly describe the exception(s) enumerated in A and B above_____

X. ROUTINE DONOR TESTING (Check all that apply)

For facilities that collect blood, indicate the type of testing performed at your institution or sent to outside laboratory. Indicate the laboratory to which samples were sent.

	All required testing	ABO/Rh	Serology Syphilis, HBsAg, anti-HBc, HCV, HIV-1, HIV-2, and HTLV-I/II	HIV/HCV/HBV NAT	Other
Donor Testing is performed within your institution					
Donor Testing is referred to an outside laboratory					
PFI of Testing Laboratory	Name of Testing Laboratory, City and State				