**Hemovigilance Module**

**Monthly Reporting Plan**

\*Required for saving

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| \*Facility ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \*Month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \*Year: \_\_\_\_\_\_\_\_\_\_\_\_ |
| *All reporting is facility-wide.* | | |
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| Participating in Hemovigilance Module surveillance this month | | |
| **Participation requires complete reporting of all CDC-defined adverse reactions, reaction-associated incidents, and denominators for the entire month as specified in the surveillance protocol.** | | |
| * Adverse reactions associated with transfusions | | |
| * Incidents (i.e., errors or accidents) associated with adverse reactions | | |
| * Denominators (i.e., transfused components and patient samples collected) | | |
| Not participating in Hemovigilance Module surveillance this month | | |