

APPENDIX A

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- Exhibit A1 Study of Regionalization of Blood Banking Services
in Greater Metropolitan Chicago, (1977).
- Exhibit A2 Study of Regionalization of Blood Banking Services,
(1977).
- Exhibit A3 Study of Regionalization of Blood Banking Services
in Greater Metropolitan Chicago, (1978)
- Exhibit A4 Data Base Schema
- Exhibit A5 Respondents, Chicago Area Blood Centers and Chicago
Area Hospitals

APPENDIX A

Data Base

In an effort to build a consistent body of data pertaining to all of the functional areas of blood banking, surveys were designed and data was collected from a variety of blood centers. This data was to be used in the analysis of resource requirements for blood centers operating at various volumes. With this purpose in mind an extensive amount of data was collected from all seven Chicago area blood centers, including volume, staffing, and financial data. In addition, data was collected concerning organizational structures, physical attributes of the center and its equipment, as well as information on licensing, training programs, and the extent of services provided. (See Exhibit A1)

Five national centers were visited, and data was received which closely paralleled that collected from Chicago's blood centers with the exception of financial data which was not collected at the national centers. (See Exhibit A2) The financial data was viewed as secondary in its importance to the study, and due to the fact that it is significantly more difficult to collect in a consistent fashion, especially when looking at different areas of the country, we did not collect it from the national centers.

In addition, a lesser amount of data was collected from hospitals in the Chicago area. Sixty-two hospitals responded to questions about

volume of activity and staffing, as well as extent of services provided.
(See Exhibit A3)

The majority of the numerical data was then transformed into a more easily usable form, via a computer data base language (Scientific Information Retrieval, available on Northwestern University's CDC6600 computer). The data base was designed to allow easy access to information of various types and to provide ready access to programs for statistical analysis. The data base has a hierarchical structure closely resembling that of the questionnaires, (See Exhibit A4), with information being sorted first by type of respondent (blood center, or hospital) and secondly by type of information (production, staffing, financial, distribution, etc.).

Other data was collected to help with the analysis of the data. Time-studies were performed at several Chicago area blood centers to provide data on relative times for the production of different components. This data was utilized in the regression analysis to help account for product mix.

In addition, mobile schedules for 1976 were provided by six of the Chicago area blood centers. This data was utilized to analyze the supply coming into the Chicago area blood centers during that year, its demographic origin, and its implications with regard to the seasonal variation in the blood inventories.

Some additional data became available to us from several other blood center and hospitals allowing us to test the results of our analysis, For a list of all respondents see Exhibit A5).

Exhibit

- A1 Blood center Questionnaire
- A2 National Blood Center Questionnaire
- A3 Hospital Questionnaire
- A4 Data Base Schema
- A5 List of Respondents

Study of
Regionalization of Blood Banking Services
In
Greater Metropolitan Chicago

Grant Awarded
by National Center for
Health Services Research

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Principal Investigator

Community Blood Center Questionnaire

1977

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DEFINITIONS

The terms defined on these two pages are identified in the subsequent questionnaire by quotation marks.

DEFINITIONS (cont'd)

1. **Current Year -**
Current year must include at least 6 months of data. If less than 6 months in current year, use last full year (12 months) of data for current year.
2. **Delivery Route -**
Regular schedule of deliveries followed on a periodic basis, such as daily or weekly, comprising a circuit from the community blood center to the hospital and return to the community blood center.
3. **Effective Time -**
Number of Full-Time-Equivalent employees needed to complete these tasks which are currently done by volunteers.
4. **Full-Time-Equivalent -**
Equivalent of a 40-hour week.
5. **Inventory-Control Hospitals -**
Hospitals that have a contractual relationship in which the supplier has agreed to provide a certain amount of blood and to maintain control of the blood, including the right to relocate the unit.
6. **Major Supplemental Sources -**
Sources which supply at least 100 units of all components per year.
7. **Non-Transfusable Unit of Blood -**
A unit still within its usable shelf-life which cannot be used due to failure of one or more of the screening tests, inadequate storage, or contamination of the unit.
8. **Orders -**
Routine Orders - Sending Units for Inventory Purposes.

Emergency Orders - Orders that are shipped from the community blood center to ordering hospitals or picked up at another hospital for direct delivery to ordering hospital for immediate cross-match.
9. **Outdated -**
Past the established time for transfusion.

Whole Blood - 21 days from date of collection.

Packed Cells - (a) 21 days from date of collection if the hermetic seal is not broken.
(b) 24 hours after hermetic seal is broken.

Frozen Red Cells - 3 years provided it is stored not above -65⁰C.

Thawed Frozen - 24 hours after removal from storage.

DEFINITIONS (cont'd)

Liquid Washed - 24 hours after hermetic seal is broken.

Platelet Concentrates - 72 hours from collection.

Fresh Frozen Plasma - one (1) year from date of collection if it is stored not above -20°C.

Platelet Rich Plasma - 72 hours.

Cryoprecipitate - 12 months from date of collection if it is stored not above -18°C; 4 hours, if thawed.

10. Platelet Concentrates -
Platelets collected from a single donor.
11. Satellite Donor Station -
One in which the operating personnel are employed by the community blood center.
12. Shipment of Order -
Time when order leaves community blood center.
13. Transfusable Unit of Blood -
A processed unit of blood that has passed all initial testing.
14. Transshipment -
Picking up at one inventory-controlled transfusion service and delivering to another transfusion service.
15. Turn-Around-Time -
Time between receipt of order and shipment of order.
16. Unit of Blood or Component -
The amount of blood or component derived from 450 cc (1 unit) of whole blood.
17. Volunteers -
Non-paid workers under the direction of your Community Blood Center.

QUESTIONNAIRE

BLOOD BANK SERVICES
PROVIDED BY
COMMUNITY BLOOD CENTER

I. INFORMATION

A. General

1. Community Blood Center _____
2. Address _____
3. Telephone _____
4. County _____
5. Administrative Director _____
6. Technical Director _____
7. Medical Director _____
8. Academic Appointment of Medical Director _____
- _____
9. Fiscal Year 1977 runs from _____ to _____

In record keeping, please indicate below the time frame for data collection:

10. Financial data _____ Fiscal Year _____ Calendar Year
11. Statistical data _____ Fiscal Year _____ Calendar Year
12. This data can be released for publication _____ in totality _____ partial _____
_____ not at all. (If partial please indicate which sections are releasable.)

B. Licensing

1. Are you currently FDA Licensed? _____ yes _____ no
2. If not, do you have an application pending? _____ yes _____ no
3. Are you an institutional member of AABB? _____ yes _____ no
4. Are you a member of the AABB Clearing House? _____ yes _____ no
5. Are you a member of the Council of Community Blood Centers? _____ yes _____ no

Date

Chief Executive Officer

VOLUME OF ACTIVITY

	"Current"Yr. (_____ # mos.)	Previous Yr. (_____ # mos.)	Prior Yr. (_____ # mos.)
A. Number of units of Whole Blood Drawn:			
1. At Blood Bank	_____	_____	_____
2. On Mobiles	_____	_____	_____
3. At "Satellite Donor Stations" (including inventory-control hospitals)	_____	_____	_____
3. Number of Components produced at Community Blood Bank from Whole Blood:			
1. Packed Cells			
(a) Regular	_____	_____	_____
(b) Frozen	_____	_____	_____
(c) Liquid Washed	_____	_____	_____
2. "Platelet Concentrates"	_____	_____	_____
3. Fresh Frozen Plasma	_____	_____	_____
4. Platelet Rich Plasma	_____	_____	_____
5. Cryoprecipitate	_____	_____	_____
Other (Please specify)			
6. _____	_____	_____	_____
7. _____	_____	_____	_____
4. Number of Units of "Non-Transfusable" Blood during these Recording Periods*			
1. RIA Positive	_____	_____	_____
2. Syphilis	_____	_____	_____
3. Short Units	_____	_____	_____
4. Other (Please specify)			
_____	_____	_____	_____
_____	_____	_____	_____

* (Do not include units outdated in this section.)

III. STAFFING

A. Please indicate below the number of "full-time-equivalent" paid employees in each of the following classifications (average these full-time-equivalents over the time periods).

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Current Yr. Previous Yr. Prior Yr.

1. Administrative:

- (a) Administrator _____
- (b) Controller/Accountant _____
- (c) Admin. Assistant _____
- (d) Technical Director _____
- (e) Medical Director _____
- (f) Research Personnel _____
- (g) Technical Education Personnel _____
- (h) Clerical _____
- Other (Please specify) _____
- (i) _____
- (j) _____

2. Processing:

E

- (a) Supervisor _____
- (b) Technologists (Registered) _____
- (c) Technicians (Non-registered) _____
- (d) Laboratory Aides _____
- (e) Clerical _____
- Other (Please specify) _____
- (f) _____
- (g) _____

F

STAFFING (cont'd)

	Current Yr.	Previous Yr.	Prior Yr.
3. Phlebotomy (at center)			
(a) Supervisor	_____	_____	_____
(b) Phlebotomists	_____	_____	_____
(c) Aides	_____	_____	_____
(d) Clerical	_____	_____	_____
Other (Please specify)			
(e) _____	_____	_____	_____
(f) _____	_____	_____	_____
4. Mobile Sites			
(a) Supervisor	_____	_____	_____
(b) Phlebotomists	_____	_____	_____
(c) Aides	_____	_____	_____
(d) Clerical	_____	_____	_____
(e) Drivers	_____	_____	_____
Other (Please specify)			
(f) _____	_____	_____	_____
(g) _____	_____	_____	_____
5. Donor Services:			
(a) Supervisor	_____	_____	_____
(b) Recruiters	_____	_____	_____
(c) Clerical	_____	_____	_____
Other (Please specify)			
(d) _____	_____	_____	_____

Staffing (continued)

6

Current Yr.

Previous Yr.

Prior Yr.

i. Inventory Control & Distribution:

(a) Supervisor

(b) Drivers

(c) Clerical

Other (Please specify)

(d) _____

(e) _____

. Support Personnel:

(a) Housekeeping

(b) Maintenance

Other (Please specify)

(c) _____

(d) _____

STAFFING (cont'd)

B. Please draw your organizational table in the space below, or include a copy of your organizational chart.



STAFFING (cont'd)

C. Please indicate below the tasks "volunteers" perform for you, and the average number of hours of "effective time" of volunteers per week.

	Current Yr.	Previous Yr.	Prior Yr.
1. Administrative:			
(a) Administrator	_____	_____	_____
(b) Controller/Accountant	_____	_____	_____
(c) Admin. Assistant	_____	_____	_____
(d) Technical Director	_____	_____	_____
(e) Medical Director	_____	_____	_____
(f) Research Personnel	_____	_____	_____
(g) Technical Education Personnel	_____	_____	_____
(h) Clerical	_____	_____	_____
Other (Please specify)	_____	_____	_____
(i) _____	_____	_____	_____
(j) _____	_____	_____	_____
2. Processing:			
(a) Supervisor	_____	_____	_____
(b) Technologists (Registered)	_____	_____	_____
(c) Technicians (Non-registered)	_____	_____	_____
(d) Laboratory Aides	_____	_____	_____
(e) Clerical	_____	_____	_____
Other (Please specify)	_____	_____	_____
(f) _____	_____	_____	_____
(g) _____	_____	_____	_____

STAFFING (cont'd)

	Current Yr.	Previous Yr.	Prior Yr.
3. Phlebotomy (at center)			
(a) Supervisor	_____	_____	_____
(b) Phlebotomists	_____	_____	_____
(c) Aides	_____	_____	_____
(d) Clerical	_____	_____	_____
(e) Phoning of Donors	_____	_____	_____
Other (Please Specify)			
(f) _____	_____	_____	_____
(g) _____	_____	_____	_____
4. Mobile Sites			
(a) Supervisor	_____	_____	_____
(b) Phlebotomists	_____	_____	_____
(c) Aides	_____	_____	_____
(d) Clerical	_____	_____	_____
(e) Drivers	_____	_____	_____
(f) Donor History	_____	_____	_____
(g) Refreshment Area	_____	_____	_____
(h) Screening Area	_____	_____	_____
Other (Please Specify)			
(i) _____	_____	_____	_____
(j) _____	_____	_____	_____
5. Donor Services			
(a) Supervisor	_____	_____	_____
(b) Recruiters	_____	_____	_____
(c) Clerical	_____	_____	_____

STAFFING (cont'd)

	Current Yr.	Previous Yr.	Prior Yr.
(d) P.R. Activities	_____	_____	_____
(e) Donor Scheduling	_____	_____	_____
Other (Please Specify)			
(f) _____	_____	_____	_____
(g) _____	_____	_____	_____

6. Inventory Control & Distribution:

(a) Supervisor	_____	_____	_____
(b) Drivers	_____	_____	_____
(c) Clerical	_____	_____	_____
Other (Please Specify)			
(d) _____	_____	_____	_____
(e) _____	_____	_____	_____

7. Support Personnel:

(a) Housekeeping	_____	_____	_____
(b) Maintenance	_____	_____	_____
Other (Please Specify)			
(c) _____	_____	_____	_____
(d) _____	_____	_____	_____

IV. INVENTORY POLICY

A. Number of "Units" of Whole Blood and Components Delivered to "Inventory-Controlled Hospitals"

	Current Yr.	Previous Yr.	Prior Yr.
1. Whole Blood	_____	_____	_____
2. Packed Red Cells			
(a) Regular	_____	_____	_____
(b) Frozen	_____	_____	_____
(c) Liquid Washed	_____	_____	_____
3. Platelet Concentrates	_____	_____	_____
4. Fresh Frozen Plasma	_____	_____	_____
5. Platelet Rich Plasma	_____	_____	_____
6. Cryoprecipitate	_____	_____	_____
Other (Please Specify)			
7. _____	_____	_____	_____
8. _____	_____	_____	_____

B. "Transshipment" of units is directed by:

1. Hospital _____ Community Blood Center _____

C. Outdating is recorded at

1. Hospital _____ Community Blood Center _____

D. How are hospitals charged for units?

Whole Blood & Packed Cells Other Compo

1. Charged only for the units they transfuse _____

2. Charged for all units shipped to them _____

3. Charged for each day they hold the units _____

4. Other (Please specify) _____

E. After daily routine shipments are made to hospitals, what percentage of the system inventory is kept at the central bank? _____

F. For hospitals to whom you provided over 100 red-cell containing units per year on an inventory-control basis.

List the number of units of whole blood and components sent to this hospital.
 (Use a separate sheet for each hospital served.)

1. Name of Hospital Served	Current Yr.	Previous Yr.	Prior Yr.
(a) Whole Blood	_____	_____	_____
(b) Packed Red Cells	_____	_____	_____
1. Regular	_____	_____	_____
2. Frozen	_____	_____	_____
3. Liquid Washed	_____	_____	_____
(c) Platelet Concentrates	_____	_____	_____
(d) Fresh Frozen Plasma	_____	_____	_____
(e) Platelet Rich Plasma	_____	_____	_____
(f) Cryoprecipitate	_____	_____	_____
Other (Please Specify)	_____	_____	_____
(g) _____	_____	_____	_____
(h) _____	_____	_____	_____
(i) _____	_____	_____	_____

INVENTORY POLICY (cont'd)

G. Please list your "major supplemental sources" of blood and components and the number units furnished from each supplier in the last two years. (Use separate sheet for each supplemental supplier within the GMC area.)

1. Name of Supplemental Supplier	Current Yr.	Previous Yr.	Prior Yr
(a) Whole Blood	_____	_____	_____
(b) Packed Red Cells			
1. Regular	_____	_____	_____
2. Frozen	_____	_____	_____
3. Liquid Washed	_____	_____	_____
(c) Platelet Concentrates	_____	_____	_____
(d) Fresh Frozen Plasma	_____	_____	_____
(e) Platelet Rich Plasma	_____	_____	_____
(f) Cryoprecipitate	_____	_____	_____
Other (Please Specify)			
(g) _____	_____	_____	_____
(h) _____	_____	_____	_____
(i) _____	_____	_____	_____

INVENTORY POLICY (cont'd)

H. Please list the amount of whole blood and components received from supplemental suppliers located outside the GMC area.

	Current Yr.	Previous Yr.	Prior Yr.
1. Name of Supplemental Supplier			
<hr/>			
(a) Whole Blood	_____	_____	_____
(b) Packed Red Cells			
1. Regular	_____	_____	_____
2. Frozen	_____	_____	_____
3. Liquid Washed	_____	_____	_____
(c) Platelet Concentrates	_____	_____	_____
(d) Fresh Frozen Plasma	_____	_____	_____
(e) Platelet Rich Plasma	_____	_____	_____
(f) Cryoprecipitate	_____	_____	_____
Other (Please Specify)			
(g) _____	_____	_____	_____
(h) _____	_____	_____	_____
(i) _____	_____	_____	_____

INVENTORY POLICY (cont'd)

I. Target Inventory Levels

1. Describe how you establish your target inventory level (established by usage pattern over a period of time, inventory formulae, etc).

Four horizontal lines for handwritten response.

2. Does your target inventory level vary by:

(a) Days of the week ___ yes ___ no (If yes, please explain.)

(b) Months of the year ___ yes ___ no (If yes, please explain.)

(c) Year to year ___ yes ___ no (If yes, please explain.)

3. If you have established inventory levels at your center for whole blood and packed red cells, please indicate those levels below.

	<u>Whole Blood</u>	<u>Packed Red Cells</u>
O positive	_____	_____
O negative	_____	_____
A positive	_____	_____
A negative	_____	_____
B positive	_____	_____
B negative	_____	_____
AB positive	_____	_____
AB negative	_____	_____

J. Amounts in liters of Plasma returned to Community Blood Centers in your Plasma Recovery Program.

Current

Previous

Prior

liters
liters

liters
liters

liters
liters

V. EXPENSES (Actual)

Current Yr.

Previous Yr.

Prior Yr.

A. DONOR SERVICES:

1. Salaries and Wages

2. Employee Benefits

3. Employer's FICA

4. Rent Allocation

5. Recruiting Materials

6. Purchased Services

7. All Other

8. Total

B. PHLEBOTOMY AT CENTER:

1. Salaries and Wages

2. Employee Benefits

3. Employer's FICA

4. Repair and Maint.

5. Rent Allocation

6. Blood Bags

7. Supplies

8. Other

9. Total

C. HOSPITALS (independent):

1. Blood Bags

2. Hospital Drawing Fees

3. All Other

4. Total

	Current Yr.	Previous Yr.	Prior Yr.
1. Salaries and Wages	_____	_____	_____
2. Employee Benefits	_____	_____	_____
3. Employer's FICA	_____	_____	_____
4. Rent Allocation	_____	_____	_____
5. Recruiting Materials	_____	_____	_____
6. Purchased Services	_____	_____	_____
7. All Other	_____	_____	_____
8. Total	_____	_____	_____
1. Salaries and Wages	_____	_____	_____
2. Employee Benefits	_____	_____	_____
3. Employer's FICA	_____	_____	_____
4. Repair and Maint.	_____	_____	_____
5. Rent Allocation	_____	_____	_____
6. Blood Bags	_____	_____	_____
7. Supplies	_____	_____	_____
8. Other	_____	_____	_____
9. Total	_____	_____	_____
1. Blood Bags	_____	_____	_____
2. Hospital Drawing Fees	_____	_____	_____
3. All Other	_____	_____	_____
4. Total	_____	_____	_____

EXPENSES (cont'd)

Current Yr.

Previous Yr.

Prior Yr.

D. MOBILE PHLEBOTOMY:

1. Salaries and Wages

2. Employee Benefits

3. Employer's FICA

4. Repair and Maint.

5. Van Lease and Insur.

6. Blood Bags

7. Supplies

8. Gas And Oil

9. Other

10. Total

E. PROCESSING:

1. Salaries and Wages

2. Employee Benefits

3. Employer's FICA

4. Rent Allocation

5. Amortization Of Lease.

6. Supplies

7. All Other

8. Total

F. Blood Delivery

1. Salaries and Wages

2. Employee Benefits

3. Employer's FICA

4. Vehicle Depreciation

5. Vehicle Gas & Oil

6. Cab Fares, Mileage & Tolls

7. Other

EXPENSES (cont'd)

Current Yr.

Previous Yr.

Prior Yr.

G. ADMINISTRATION:

1. Salaries and Wages	_____	_____	_____
2. Medical Director's Fees	_____	_____	_____
3. Employee Benefits	_____	_____	_____
4. Employer's FICA	_____	_____	_____
5. Unemployment Taxes	_____	_____	_____
6. Rent Allocation	_____	_____	_____
7. Amortization of Lease.	_____	_____	_____
8. Telephone	_____	_____	_____
9. Supplies and Forms	_____	_____	_____
10. Interest Expense	_____	_____	_____
11. Legal and Audit	_____	_____	_____
12. Promotion and Public Relations	_____	_____	_____
13. Liability Insurance	_____	_____	_____
14. Others	_____	_____	_____
15. Total	_____	_____	_____

H. National Allocation of costs for Services. (If possible, break down by function.)

1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

VI. SUPPLY AND DELIVERY OF BLOOD

A. Please indicate the number of units of whole blood and components delivered to other locations outside of the GMC Area

	Current Yr.	Previous Yr.	Prior Yr.
1. Whole Blood	_____	_____	_____
2. Packed Red Cells			
(a) Regular	_____	_____	_____
(b) Frozen	_____	_____	_____
(c) Liquid Washed	_____	_____	_____
3. Platelet Concentrates	_____	_____	_____
4. Fresh Frozen Plasma	_____	_____	_____
5. Platelet Rich Plasma	_____	_____	_____
6. Cryoprecipitate	_____	_____	_____
Other (Please Specify)			
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____

SUPPLY AND DELIVERY OF BLOOD (cont'd)

B. Please indicate the number of units of whole blood and components delivered to other blood centers within the GMC Area.

	Current Yr.	Previous Yr.	Prior Yr.
1. Whole Blood	_____	_____	_____
2. Packed Red Cells	_____	_____	_____
(a) Regular	_____	_____	_____
(b) Frozen	_____	_____	_____
(c) Liquid Washed	_____	_____	_____
3. Platelet Concentrates	_____	_____	_____
4. Fresh Frozen Plasma	_____	_____	_____
5. Platelet Rich Plasma	_____	_____	_____
6. Cryoprecipitate	_____	_____	_____
Other (Please Specify)	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____

SUPPLY AND DELIVERY OF BLOOD (cont'd)

C. Number of units of whole blood and components delivered to non-inventory control hospitals (Give total number of units for all hospitals):

	Current Yr.	Previous Yr.	Prior Yr.
1. Whole Blood	_____	_____	_____
2. Packed Red Cells			
(a) Regular	_____	_____	_____
(b) Frozen	_____	_____	_____
(c) Liquid Washed	_____	_____	_____
3. Platelet Concentrates	_____	_____	_____
4. Fresh Frozen Plasma	_____	_____	_____
5. Platelet Rich Plasma	_____	_____	_____
6. Cryoprecipitate	_____	_____	_____
Other (Please Specify)			
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____

. Outdating is recorded at

1. Hospitals _____ Community Blood Center _____

. How are hospitals charged for units?

	W. Blood & P. Cells	Other Components
1. Charged only for the units they transfuse	_____	_____
2. Charged for all units shipped to them	_____	_____
3. Charged for each day they hold the units	_____	_____
4. Other (Please specify) _____		

SUPPLY AND DELIVERY OF BLOOD (cont'd)

2 For non-inventory controlled hospitals to whom you provided over 100 red-cell containing units in current year.

F. List the number of units of whole blood and components sent to each non-inventor control hospital within the CMC area.
(Use separate sheet for each hospital in this category.)*

1. Name of Hospital Served	Current Yr.	Previous Year	Prior Year
(a) Whole Blood	_____	_____	_____
(b) Packed Red Cells	_____	_____	_____
1. Regular	_____	_____	_____
2. Frozen	_____	_____	_____
3. Liquid Washed	_____	_____	_____
(c) Platelet Concentrates	_____	_____	_____
(d) Fresh Frozen Plasma	_____	_____	_____
(e) Platelet Rich Plasma	_____	_____	_____
(f) Cryoprecipitate	_____	_____	_____
Other (Please Specify)			
(g) _____	_____	_____	_____
(h) _____	_____	_____	_____
(i) _____	_____	_____	_____

* Extra sheets are located in the appendix.

II. MOBILE DRAWINGS

A. Please provide a listing of your mobile drawings for one year, which includes:

1. Physical location of drawing
2. Date of drawing
3. Number of units drawn

B. Available equipment.

1. Number of mobile beds _____
2. Other _____

VIII. BLOOD CENTER FACILITIES

A. Are your facilities owned _____ or leased _____?

B. Number of square feet allocated to:

1. Processing _____

2. Donor Recruitment _____

3. Phlebotomy & Donor Screening area,
including recovery area and canteen _____

4. Inventory Control and Distribution _____

5. Administration _____

6. Education _____

7. Research _____

8. Blood Storage _____

9. Supply Storage _____

10. Expansion Capacity _____

Other (Please Specify)

11. _____

12. _____

C. Number of Donor Beds in Center _____.

IX. SATELLITE FACILITIES
(Please complete one page for each facility.)*

A. Location of Facility _____

B. Number of square feet allocated to:

1. Processing _____

2. Donor Recruitment _____

3. Phlebotomy & Donor Screening area,
including recovery area and canteen _____

4. Inventory Control and Distribution _____

5. Administration _____

6. Education _____

7. Research _____

8. Blood Storage _____

9. Supply Storage _____

10. Expansion Capacity _____

Other (Please Specify)

11. _____

12. _____

* Extra pages are located in the appendix

DELIVERY & ROUTING PROCEDURE

6

A. How long is your average "turnaround time"?

1. "Routine Orders" _____ "Emergency Orders" _____

B. How many regular "delivery routes" do you have? _____

C. How many stops are there on each of these routes?

D. Reg. Delivery Route (Hospitals served on route)	# Times per week these reg. deliveries are made	# Miles (approximately) for this route
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

E. If other arrangements exist, please specify: (cabs, highway patrol, etc.)

1. _____

2. _____

3. _____

F. How many hours per day is the delivery fleet in operation? _____

LABORATORY EQUIPMENT

List each piece of equipment (more than \$1,000 in purchase price):

1. Machine _____ (a) Manufacturer _____
(b) Model No. _____ (c) How many of these models do you have? _____
(d) Function of machine _____

2. Machine _____ (a) Manufacturer _____
(b) Model No. _____ (c) How many of these models do you have? _____
(d) Function of machine _____

3. Machine _____ (a) Manufacturer _____
(b) Model No. _____ (c) How many of these models do you have? _____
(d) Function of machine _____

4. Machine _____ (a) Manufacturer _____
(b) Model No. _____ (c) How many of these models do you have? _____
(d) Function of machine _____

5. Machine _____ (a) Manufacturer _____
(b) Model No. _____ (c) How many of these models do you have? _____
(d) Function of machine _____

6. Machine _____ (a) Manufacturer _____
(b) Model No. _____ (c) How many of these models do you have? _____
(d) Function of machine _____

7. Machine _____ (a) Manufacturer _____
(b) Model No. _____ (c) How many of these models do you have? _____
(d) Function of machine _____

VEHICLES

A. List all equipment used for transporting blood and used for recruiting and for mobile drawings (trucks, vans, etc.).

Vehicle (Model)	Year	Manufacturer	Purpose
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
0. _____	_____	_____	_____

III. CONSULTATION

A. Do you have medical doctors, other than the medical director, who function in a professional capacity, either part-time or as consultants?

_____ yes _____ no

B. Do you use outside immunohematology laboratories for consultation?

_____ yes _____ no

C. What proportion of consultative problems require the use of consultation laboratories? _____

V. EDUCATION

A. Do you have an affiliation with a school of medical technology?

_____ yes _____ no Please specify type of affiliation. _____

B. Do you have a school of blood banking? _____ yes _____ no

C. Do you have a teaching program for medical students as part of your medical school affiliation?

_____ yes _____ no Please specify type of affiliation. _____

D. Do you conduct review courses and workshops for medical technologists in blood banking? _____ yes _____ no

E. Do you have an affiliation with a teaching hospital that includes a rotation for graduate trainee physicians? _____ yes _____ no Please specify type of affiliation. _____

F. Do you conduct continuing education courses for practicing physicians in component utilization, etc? _____ yes _____ no

RESEARCH

A. Do you provide space or financial support for individuals doing research in blood banking related areas? _____ yes _____ no

B. What are the academic affiliations of the people involved in the research?

XVI. TRAINING IN RELATED AREAS

A. Do you have formal training programs in :

- 1. Recruiting _____ yes _____ no
- 2. General Admin. Mgmt. _____ yes _____ no
- 3. Public Relations _____ yes _____ no

B. How long are the training programs?

- 1. Recruitment _____
- 2. General Admin. Mgmt. _____
- 3. Public Relations _____

APPENDIX

The first twenty pages are additional sheets for VI., F.

The remaining five pages are additional sheets for IX., A. & B.

Study of
Regionalization of Blood Banking Services

Grant Awarded
By National Center for
Health Services Research

William P. Pierskalla, Ph.D.
Principal Investigator

National Community Blood Centers
Questionnaire

August, 1977

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DEFINITIONS

The terms defined on these two pages are identified in the subsequent questionnaire by quotation marks.

DEFINITIONS (cont'd)

1. Current Year -
Current year must include at least 6 months of data. If less than 6 months in current year, use last full year (12 months) of data for current year.
2. Delivery Route -
Regular schedule of deliveries followed on a periodic basis, such as daily or weekly, comprising a circuit from the community blood center to the hospital and return to the community blood center.
3. Effective Time -
Number of Full-Time-Equivalent employees needed to complete these tasks which are currently done by volunteers.
4. Full-Time-Equivalent -
Equivalent of a 40-hour week.
5. Inventory-Control Hospitals -
Hospitals that have a contractual relationship in which the supplier has agreed to provide a certain amount of blood and to maintain control of the blood, including the right to relocate the unit.
6. Major Supplemental Sources -
Sources which supply at least 100 units of all components per year.
7. Non-Transfusable Unit of Blood -
A unit still within its usable shelf-life which cannot be used due to failure of one or more of the screening tests, inadequate storage, or contamination of the unit.
8. Orders -
Routine Orders - Sending Units for Inventory Purposes.
Emergency Orders - Orders that are shipped from the community blood center to ordering hospitals or picked up at another hospital for direct delivery to ordering hospital for immediate cross-match.
9. Outdated -
Past the established time for transfusion.
Whole Blood - 21 days from date of collection.
Packed Cells - (a) 21 days from date of collection if the hermetic seal is not broken.
(b) 24 hours after hermetic seal is broken.
Frozen Red Cells - 3 years provided it is stored not above -65°C .
Thawed Frozen - 24 hours after removal from storage.

DEFINITIONS (cont'd)

Liquid Washed - 24 hours after hermetic seal is broken.

Platelet Concentrates - 72 hours from collection.

Fresh Frozen Plasma - one (1) year from date of collection if it is stored not above -20°C.

Platelet Rich Plasma - 72 hours.

Cryoprecipitate - 12 months from date of collection if it is stored not above -18°C; 4 hours, if thawed.

10. Platelet Concentrates -
Platelets collected from a single donor.
11. Satellite Donor Station -
One in which the operating personnel are employed by the community blood center.
12. Shipment of Order -
Time when order leaves community blood center.
13. Transfusable Unit of Blood -
A processed unit of blood that has passed all initial testing.
14. Transshipment -
Picking up at one inventory-controlled transfusion service and delivering to another transfusion service.
15. Turn-Around-Time -
Time between receipt of order and shipment of order.
16. Unit of Blood or Component -
The amount of blood or component derived from 450 cc (1 unit) of whole blood.
17. Volunteers -
Non-paid workers under the direction of your Community Blood Center.

QUESTIONNAIRE

BLOOD BANK SERVICES
PROVIDED BY
COMMUNITY BLOOD CENTER

I. INFORMATION

A. General

1. Community Blood Center _____
2. Address _____
3. Telephone _____
4. County _____
5. Administrative Director _____
6. Technical Director _____
7. Medical Director _____
8. Academic Appointment of Medical Director _____
9. Fiscal Year 1977 runs from _____ to _____

In record keeping, please indicate below the time frame for data collection:

0. Financial data _____ Fiscal Year _____ Calendar Year
1. Statistical data _____ Fiscal Year _____ Calendar Year
2. This data can be released for publication _____ in totality _____ partial
_____ not at all. (If partial please indicate which sections are releasable.)

B. Licensing

1. Are you currently FDA Licensed? _____ yes _____ no
2. If not, do you have an application pending? _____ yes _____ no
3. Are you an institutional member of AABB? _____ yes _____ no
4. Are you a member of the AABB Clearing House? _____ yes _____ no
5. Are you a member of the Council of Community Blood Centers? _____ yes _____ no

Date

Chief Executive Officer

II. VOLUME OF ACTIVITY

42	"Current" Yr. (_____ # mos.)	Previous Yr. (_____ # mos.)	Prior Yr. (_____ # mos.)
A. Number of units of Whole Blood Drawn:			
1. At Blood Bank	_____	_____	_____
2. On Mobiles	_____	_____	_____
3. At "Satellite Donor Stations" (including inventory-control hospitals)	_____	_____	_____
B. Number of Components produced at Community Blood Bank from Whole Blood:			
1. Packed Cells			
(a) Regular	_____	_____	_____
(b) Frozen	_____	_____	_____
(c) Liquid Washed	_____	_____	_____
2. "Platelet Concentrates"	_____	_____	_____
3. Fresh Frozen Plasma	_____	_____	_____
4. Platelet Rich Plasma	_____	_____	_____
5. Cryoprecipitate	_____	_____	_____
Other (Please specify)			
6. _____	_____	_____	_____
7. _____	_____	_____	_____
C. Number of Units of "Non-Transfusable" Blood during these Recording Periods*			
1. RIA Positive	_____	_____	_____
2. Syphilis	_____	_____	_____
3. Short Units	_____	_____	_____
4. Other (Please specify)			
_____	_____	_____	_____
_____	_____	_____	_____

* (Do not include units outdated in this section.)

VOLUME OF ACTIVITY (Cont'd)

(3)

	Current Year	Previous Year	Prior Year
D. Number of Units "Outdated" at Community Blood Center			
1. Whole Blood	_____	_____	_____
2. Packed Red Cells			
(a) Regular	_____	_____	_____
(b) Frozen	_____	_____	_____
(c) Liquid Washed	_____	_____	_____
3. Platelet Concentrates	_____	_____	_____
4. Fresh Frozen Plasma	_____	_____	_____
5. Platelet Rich Plasma	_____	_____	_____
6. Cryoprecipitate	_____	_____	_____
7. Other (Please Specify)			
_____	_____	_____	_____
_____	_____	_____	_____

	<u>Current Year</u>	<u>Previous Year</u>	<u>Prior Year</u>
	<u>#Donations</u> <u>#Units</u>	<u>#Don.</u> <u>#Units</u>	<u>#Don.</u> <u>#Units</u>

E. Does your Blood Bank perform any of the following:

1. Plasmapheresis	_____	_____	_____	_____
2. Plateletpheresis				
(a) Machine	_____	_____	_____	_____
(b) Manual Method	_____	_____	_____	_____
3. Leukopheresis	_____	_____	_____	_____

F. Do you have any other use for your pheresis machines? yes no

1. If so, what are they? _____

2. What is the number of procedures per current year? _____

VOLUME OF ACTIVITY (cont'd)

G. What Verification Tests are Performed at the Community Blood Bank on Blood Obtained from Other Sources?

	Yes	No
1. ABO/RH test	_____	_____
2. Antibody screening	_____	_____
3. Syphilis screening	_____	_____
4. RIA testing	_____	_____
5. Other (Please specify)		
_____	_____	
_____	_____	

H. How Many Donations were Given for the Following Modes of Recruitment:

	Current Yr.	Previous Yr.	Prior Yr.
1. Blood Assurance	_____	_____	_____
2. Replacement	_____	_____	_____
3. Community Service	_____	_____	_____
4. Altruism	_____	_____	_____
5. Paid Donors	_____	_____	_____
6. Autologous	_____	_____	_____
7. Special Blood Users (i.e., hemophiliacs, leukemics, etc.)	_____	_____	_____
8. Other (Please Specify)			
_____	_____	_____	_____

III. STAFFING

A. Please indicate below the number of "full-time-equivalent" paid employees in each of the following classifications (average these full-time-equivalents over the time periods).

	Current Yr.	Previous Yr.	Prior Yr.
1. Administrative:			
(a) Administrator	_____	_____	_____
(b) Controller/Accountant	_____	_____	_____
(c) Admin. Assistant	_____	_____	_____
(d) Technical Director	_____	_____	_____
(e) Medical Director	_____	_____	_____
(f) Research Personnel	_____	_____	_____
(g) Technical Education Personnel	_____	_____	_____
(h) Clerical	_____	_____	_____
Other (Please specify)			
(i) _____	_____	_____	_____
(j) _____	_____	_____	_____
2. Processing:			
(a) Supervisor	_____	_____	_____
(b) Technologists (Registered)	_____	_____	_____
(c) Technicians (Non-registered)	_____	_____	_____
(d) Laboratory Aides	_____	_____	_____
(e) Clerical	_____	_____	_____
Other (Please specify)			
(f) _____	_____	_____	_____
(g) _____	_____	_____	_____

STAFFING (cont'd)

3. Phlebotomy (at center)

	Current Yr.	Previous Yr.	Prior Yr.
(a) Supervisor	_____	_____	_____
(b) Phlebotomists	_____	_____	_____
(c) Aides	_____	_____	_____
(d) Clerical	_____	_____	_____
Other (Please specify)			
(e) _____	_____	_____	_____
(f) _____	_____	_____	_____

4. Mobile Sites

(a) Supervisor	_____	_____	_____
(b) Phlebotomists	_____	_____	_____
(c) Aides	_____	_____	_____
(d) Clerical	_____	_____	_____
(e) Drivers	_____	_____	_____
Other (Please specify)			
(f) _____	_____	_____	_____
(g) _____	_____	_____	_____

5. Donor Services:

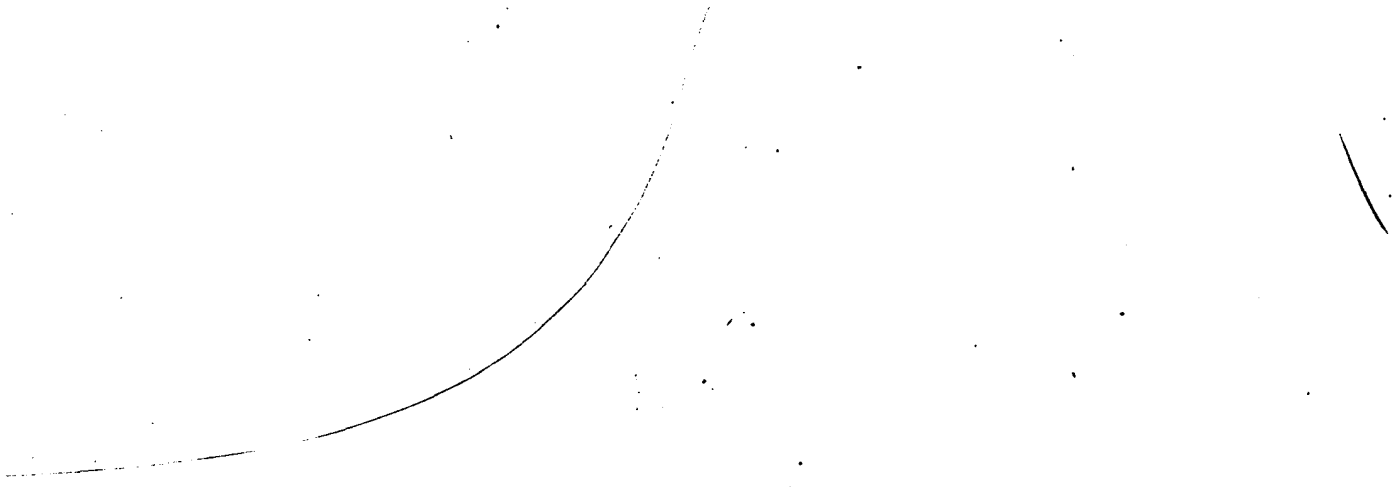
(a) Supervisor	_____	_____	_____
(b) Recruiters	_____	_____	_____
(c) Clerical	_____	_____	_____
Other (Please specify)			
(d) _____	_____	_____	_____

Staffing (continued)

	Current Yr.	Previous Yr.	Prior Yr.
6. Inventory Control & Distribution:			
(a) Supervisor	_____	_____	_____
(b) Drivers	_____	_____	_____
(c) Clerical	_____	_____	_____
Other (Please specify)			
(d) _____	_____	_____	_____
(e) _____	_____	_____	_____
7. Support Personnel:			
(a) Housekeeping	_____	_____	_____
(b) Maintenance	_____	_____	_____
Other (Please specify)			
(c) _____	_____	_____	_____
(d) _____	_____	_____	_____

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STAFFING (cont'd)

B. Please draw your organizational table in the space below, or include a copy of your organizational chart.



STAFFING (cont'd)

C. Please indicate below the tasks "volunteers" perform for you, and the average number of hours of "effective time" of volunteers per week.

	Current Yr.	Previous Yr.	Prior Yr.
1. Administrative:			
(a) Administrator	_____	_____	_____
(b) Controller/Accountant	_____	_____	_____
(c) Admin. Assistant	_____	_____	_____
(d) Technical Director	_____	_____	_____
(e) Medical Director	_____	_____	_____
(f) Research Personnel	_____	_____	_____
(g) Technical Education Personnel	_____	_____	_____
(h) Clerical	_____	_____	_____
Other (Please specify)			
(i) _____	_____	_____	_____
(j) _____	_____	_____	_____
2. Processing:			
(a) Supervisor	_____	_____	_____
(b) Technologists (Registered)	_____	_____	_____
(c) Technicians (Non-registered)	_____	_____	_____
(d) Laboratory Aides	_____	_____	_____
(e) Clerical	_____	_____	_____
Other (Please specify)			
(f) _____	_____	_____	_____
(g) _____	_____	_____	_____

STAFFING (cont'd)

	Current Yr.	Previous Yr.	Prior Yr.
3. Phlebotomy (at center)			
(a) Supervisor	_____	_____	_____
(b) Phlebotomists	_____	_____	_____
(c) Aides	_____	_____	_____
(d) Clerical	_____	_____	_____
(e) Phoning of Donors	_____	_____	_____
Other (Please Specify)			
(f) _____	_____	_____	_____
(g) _____	_____	_____	_____
4. Mobile Sites			
(a) Supervisor	_____	_____	_____
(b) Phlebotomists	_____	_____	_____
(c) Aides	_____	_____	_____
(d) Clerical	_____	_____	_____
(e) Drivers	_____	_____	_____
(f) Donor History	_____	_____	_____
(g) Refreshment Area	_____	_____	_____
(h) Screening Area	_____	_____	_____
Other (Please Specify)			
(i) _____	_____	_____	_____
(j) _____	_____	_____	_____
5. Donor Services			
(a) Supervisor	_____	_____	_____
(b) Recruiters	_____	_____	_____
(c) Clerical	_____	_____	_____

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STAFFING (cont'd)

	Current Yr.	Previous Yr.	Prior Yr.
(d) P.R. Activities	_____	_____	_____
(e) Donor Scheduling	_____	_____	_____
Other (Please Specify)			
(f) _____	_____	_____	_____
(g) _____	_____	_____	_____

6. Inventory Control & Distribution:

(a) Supervisor	_____	_____	_____
(b) Drivers	_____	_____	_____
(c) Clerical	_____	_____	_____
Other (Please Specify)			
(d) _____	_____	_____	_____
(e) _____	_____	_____	_____

7. Support Personnel:

(a) Housekeeping	_____	_____	_____
(b) Maintenance	_____	_____	_____
Other (Please Specify)			
(c) _____	_____	_____	_____
(d) _____	_____	_____	_____

IV. INVENTORY POLICY

A. Number of "Units" of Whole Blood and Components Delivered to "Inventory-Controlled Hospitals"

	Current Yr.	Previous Yr.	Prior Yr.
1. Whole Blood	_____	_____	_____
2. Packed Red Cells			
(a) Regular	_____	_____	_____
(b) Frozen	_____	_____	_____
(c) Liquid Washed	_____	_____	_____
3. Platelet Concentrates	_____	_____	_____
4. Fresh Frozen Plasma	_____	_____	_____
5. Platelet Rich Plasma	_____	_____	_____
6. Cryoprecipitate	_____	_____	_____
Other (Please Specify)			
7. _____	_____	_____	_____
8. _____	_____	_____	_____

B. "Transshipment" of units is directed by:

1. Hospital _____ Community Blood Center _____

C. Outdating is recorded at

1. Hospital _____ Community Blood Center _____

D. How are hospitals charged for units?

Whole Blood & Packed Cells Other Compon.

1. Charged only for the units they transfuse _____

2. Charged for all units shipped to them _____

3. Charged for each day they hold the units _____

4. Other (Please specify) _____

E. After daily routine shipments are made to hospitals, what percentage of the system inventory is kept at the central bank? _____

INVENTORY POLICY (cont'd)

F. Please give the name and address of each of your inventory control hospitals.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.

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INVENTORY POLICY (cont'd)

G. Please list your "major supplemental sources" of blood and components and the number of units furnished from all suppliers within your area.

Number of Supplemental Suppliers	Current Yr.	Previous Yr.	Prior Yr.
(a) Whole Blood	_____	_____	_____
(b) Packed Red Cells			
1. Regular	_____	_____	_____
2. Frozen	_____	_____	_____
3. Liquid Washed	_____	_____	_____
(c) Platelet Concentrates	_____	_____	_____
(d) Fresh Frozen Plasma	_____	_____	_____
(e) Platelet Rich Plasma	_____	_____	_____
(f) Cryoprecipitate	_____	_____	_____
Other (Please Specify)			
(g) _____	_____	_____	_____
(h) _____	_____	_____	_____
(i) _____	_____	_____	_____

INVENTORY POLICY (cont'd)

H. Please list the amount of whole blood and components received from supplemental suppliers located outside your area.

Number of Supplemental Suppliers	Current Yr.	Previous Yr.	Prior Yr.
(a) Whole Blood	_____	_____	_____
(b) Packed Red Cells			
1. Regular	_____	_____	_____
2. Frozen	_____	_____	_____
3. Liquid Washed	_____	_____	_____
(c) Platelet Concentrates	_____	_____	_____
(d) Fresh Frozen Plasma	_____	_____	_____
(e) Platelet Rich Plasma	_____	_____	_____
(f) Cryoprecipitate	_____	_____	_____
Other (Please Specify)			
(g) _____	_____	_____	_____
(h) _____	_____	_____	_____
(i) _____	_____	_____	_____

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INVENTORY POLICY (cont'd)

I. Target Inventory Levels

1. Describe how you establish your target inventory level (established by usage pattern over a period of time, inventory formulae, etc).

2. Does your target inventory level vary by:

(a) Days of the week ____ yes ____ no (If yes, please explain.)

(b) Months of the year ____ yes ____ no (If yes, please explain.)

(c) Year to year ____ yes ____ no (If yes, please explain.)

3. If you have established inventory levels at your center for whole blood and packed red cells, please indicate those levels below.

	<u>Whole Blood</u>	<u>Packed Red Cells</u>
O positive	_____	_____
O negative	_____	_____
A positive	_____	_____
A negative	_____	_____
B positive	_____	_____
B negative	_____	_____
AB positive	_____	_____
AB negative	_____	_____

J. Amounts in liters of Plasma returned to Community Blood Centers in your Plasma Recovery Program.

Current	Previous	Prior
_____ liters	_____ liters	_____ liters

V. SUPPLY AND DELIVERY OF BLOOD

A. Please indicate the number of units of whole blood and components delivered to other locations outside your area.

	Current Yr.	Previous Yr.	Prior Yr.
1. Whole Blood	_____	_____	_____
2. Packed Red Cells			
(a) Regular	_____	_____	_____
(b) Frozen	_____	_____	_____
(c) Liquid Washed	_____	_____	_____
3. Platelet Concentrates	_____	_____	_____
4. Fresh Frozen Plasma	_____	_____	_____
5. Platelet Rich Plasma	_____	_____	_____
6. Cryoprecipitate	_____	_____	_____
Other (Please Specify)			
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____

VI. BLOOD CENTER FACILITIES

A. Are your facilities owned _____ or leased _____ ?

B. Number of square feet allocated to:

1. Processing _____

2. Donor Recruitment _____

3. Phlebotomy & Donor Screening area,
including recovery area and canteen _____

4. Inventory Control and Distribution _____

5. Administration _____

6. Education _____

7. Research _____

8. Blood Storage _____

9. Supply Storage _____

10. Expansion Capacity _____

Other (Please Specify)

11. _____

12. _____

C. Number of Donor Beds in Center _____.

VII. SATELLITE FACILITIES
(Please complete one page for each facility.)

A. Location of Facility _____

B. Number of square feet allocated to:

1. Processing _____

2. Donor Recruitment _____

3. Phlebotomy & Donor Screening area,
including recovery area and canteen _____

4. Inventory Control and Distribution _____

5. Administration _____

6. Education _____

7. Research _____

8. Blood Storage _____

9. Supply Storage _____

10. Expansion Capacity _____

Other (Please Specify)

11. _____

12. _____

VIII. DELIVERY & ROUTING PROCEDURE

A. How long is your average "turnaround time"?

1. "Routine Orders" _____ "Emergency Orders" _____

B. How many regular "delivery routes" do you have? _____

C. How many stops are there on each of these routes?

D. Reg. Delivery Route (Hospitals served on route)	# Times per week these reg. deliveries are made	# Miles (approximately) for this route
---	--	---

1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

E. If other arrangements exist, please specify: (cabs, highway patrol, etc.)

- 1. _____
- 2. _____
- 3. _____

F. How many hours per day is the delivery fleet in operation? _____

IX. LABORATORY EQUIPMENT

A. List each piece of equipment (more than \$1,000 in purchase price):

1. Machine _____ (a) Manufacturer _____
(b) Model No. _____ (c) How many of these models do you have? _____
(d) Function of machine _____

2. Machine _____ (a) Manufacturer _____
(b) Model No. _____ (c) How many of these models do you have? _____
(d) Function of machine _____

3. Machine _____ (a) Manufacturer _____
(b) Model No. _____ (c) How many of these models do you have? _____
(d) Function of machine _____

4. Machine _____ (a) Manufacturer _____
(b) Model No. _____ (c) How many of these models do you have? _____
(d) Function of machine _____

5. Machine _____ (a) Manufacturer _____
(b) Model No. _____ (c) How many of these models do you have? _____
(d) Function of machine _____

6. Machine _____ (a) Manufacturer _____
(b) Model No. _____ (c) How many of these models do you have? _____
(d) Function of machine _____

7. Machine _____ (a) Manufacturer _____
(b) Model No. _____ (c) How many of these models do you have? _____
(d) Function of machine _____

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X. VEHICLES

A. List the number of vehicles used for each of these purposes:

<u>Purpose</u>	<u>Number of Vehicles</u>
Transportation of Blood	_____
Recruitment	_____
Mobile Drawing	_____

XI. CONSULTATION

A. Do you have medical doctors, other than the medical director, who function in a professional capacity, either part-time or as consultants?

_____yes _____no

B. Do you use outside immunohematology laboratories for consultation?

_____yes _____no

C. What proportion of consultative problems require the use of consultation laboratories? _____

XII. EDUCATION

A. Do you have an affiliation with a school of medical technology?

_____yes _____no Please specify type of affiliation. _____

B. Do you have a school of blood banking? _____yes _____no

C. Do you have a teaching program for medical students as part of your medical school affiliation?

_____yes _____no Please specify type of affiliation. _____

D. Do you conduct review courses and workshops for medical technologists in blood banking? _____yes _____no

E. Do you have an affiliation with a teaching hospital that includes a rotation for graduate trainee physicians? _____yes _____no Please specify type of affiliation. _____

F. Do you conduct continuing education courses for practicing physicians in component utilization, etc? _____yes _____no

XIII. RESEARCH

A. Do you provide space or financial support for individuals doing research in blood banking related areas? _____yes _____no

B. What are the academic affiliations of the people involved in the research?

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XIV. TRAINING IN RELATED AREAS

A. Do you have formal training programs in :

- 1. Recruiting _____ yes _____ no
- 2. General Admin. Mgmt. _____ yes _____ no
- 3. Public Relations _____ yes _____ no

B. How long are the training programs?

- 1. Recruitment _____
- 2. General Admin. Mgmt. _____
- 3. Public Relations _____

**Study of
Regionalization of Blood Banking Services
In
Greater Metropolitan Chicago**

Grant Awarded
by National Center for
Health Services Research

William P. Pierskalla, Ph.D.
Principal Investigator

Hospital Blood Bank and Transfusion
Service Questionnaire

January, 1978

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DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH RESOURCES ADMINISTRATION
ROCKVILLE, MARYLAND 20852

May 10, 1977

NATIONAL CENTER FOR HEALTH
SERVICES RESEARCH

Grant Number: 1 R01 HS 02634-01
Project Officer: Wardell Lindsay
Budget Period: 8/1/77 - 7/31/78

William P. Pierskalla, Ph.D.
Professor and Acting Director
Health Services Research Center
Technological Institute
Northwestern University
Evanston, Illinois 60201

Dear Dr. Pierskalla:

Enclosed is the Notice of Grant Awarded for the grant budget period identified above.

The project officer for this grant is also identified above. This person will be responsible for monitoring your progress, for providing technical assistance, and for reviewing the project relative to all scientific, technical, and programmatic aspects.

Any request that you may have for prior approval should be directed to me. These include: rebudgeting not covered by an institutional prior approval system, extensions of time during the final budget period, or any of the other items specified in the PHS Grants Policy Statement under which this grant is administered. My address is: Room 15-44 Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20852. Please make sure that each such request has been countersigned by an appropriate institutional official in accordance with PHS policy.

Any requests that have programmatic aspects will, of course, be acted on only after consultation with your project officer.

If you have any questions about any aspect of policy covered in the Grants Policy Statement, please contact your business office or me. We will be happy to answer any questions that you have.

Attached to the business office copy of this letter is a copy of the Report of Expenditures (ROE) form for their use in submitting the required ROE within 90 days after the end of the budget period.

Sincerely yours,

Ralph L. Sloat
Chief, Grants Administration Branch

Enclosures

cc: Business Office

Public Health Service

NOTICE OF GRANT AWARDED

DATE ISSUED: May 10, 1977

Grant Number

1 R01 HS02634-01 ECT

TOTAL PROJECT PERIOD

From 8/1/77 Through 3/31/79

GRANT PERIOD:

From 8/1/77 Through 3/31/79

CFDA - 13.226

P.L. 93-353

Title of Project or Area of Training

REGIONALIZATION OF BLOOD BANKING SERVICES

Grantee Institution

Principal Investigator or Program Director

NORTHWESTERN UNIVERSITY
633 CLARK STREET
EVANSTON, ILL 60201

PIERSKALLA, WILLIAM P
NORTHWESTERN UNIVERSITY
TECHNOLOGICAL INSTITUTE
EVANSTON, ILL 60201

PHD

10

APPROVED BUDGET

AWARD COMPUTATION

FOR BUDGET PERIOD	8/1/77	Through	7/31/78
Personnel	\$	19,928	
Consultant Services*		6,068	
Equipment*			
Supplies		300	
Travel - Domestic*		3,920	
Travel - Foreign*			
Hospitalization*			
Outpatient Costs*			
Alterations and Renovations*			
Publication Costs*			
Other		30,445	
Trainee Stipends*			
Trainee Tuition and Fees*			
Trainee Travel*			

1. DIRECT COSTS	\$	60,661
2. INDIRECT COSTS	\$	11,753
(Calculated at 67% SW exclud FB rate)		
TOTAL	\$	72,414
4. Less Unobligated Balance from Prior Budget Period(s)	\$	0

5. AMOUNT OF THIS AWARD → \$ 72,414

SUPPORT RECOMMENDED FOR REMAINDER OF PROJECT PERIOD (Subject to the Availability of Funds)

Budget Period	Total Direct Costs
02	36,542
03	NONE

TOTAL DIRECT COSTS → \$ 60,661

*Asterisks indicate limited or restricted budget categories

Accountability for equipment: conditionally waived not waived

Remarks
Cost Sharing Agreement dated 9/1/75
This grant is covered under the PHS Grants Policy Statement dated 10/76
See attached "Remarks" - Executive Summary Statement and Grant Payment System

7570712 7-43001 41.4A

OMB Control Number	Entity No.	PHS List Number	PHS Transaction Number
7-7750072	1362167817A1	HS 53-77	R7HS02634A
Payments on this grant will be made to:		Recommending National Advisory Council or Committee	

Signature of PHS Official

Ralph L. Sloat

Ralph L. Sloat
Chief, Grants Administration Branch
National Center for Health Services Research

VICE PRESIDENT AND CONTROLLER
NORTHWESTERN UNIVERSITY
633 CLARK STREET
EVANSTON, ILL 60201

SECTION 1

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE

LEAVE BLANK

PROJECT NUMBER

RESEARCH OBJECTIVES

NAME AND ADDRESS OF APPLICANT ORGANIZATION

NORTHWESTERN UNIVERSITY, 619 CLARK STREET, EVANSTON, ILL. 60201

NAME, SOCIAL SECURITY NUMBER, OFFICIAL TITLE, AND DEPARTMENT OF ALL PROFESSIONAL PERSONNEL ENGAGED ON PROJECT, BEGINNING WITH PRINCIPAL INVESTIGATOR

William P. Pierskalla, 476-34-7678, Professor and Acting Director of the Health Services Research Center, Industrial Engineering and Management Sciences.

Richard Sasseti, 343-26-7981, Director of Blood Center, Rush-Presbyterian-St. Luke Medical Center.

William Walsh, 327-16-6779, President, Chicago Regional Blood Program

Jo Ann Consolo, 319-42-3750, Vice-President, Chicago Regional Blood Program

Bryan Deuermeyer, 468-62-6803, Assistant Professor, Krannert School, Purdue University

TITLE OF PROJECT
REGIONALIZATION OF BLOOD BANKING SERVICES

USE THIS SPACE TO ABSTRACT YOUR PROPOSED RESEARCH. OUTLINE OBJECTIVES AND METHODS. UNDERSCORE THE KEY WORDS (NOT TO EXCEED 10) IN YOUR ABSTRACT.

The objectives of the proposed work are: (i) to analyze alternate models for the regionalization of blood services in the Greater Metropolitan Chicago (GMC) area, (ii) to provide methodologies applicable to other urban-rural areas for the study of regionalization, and (iii) to provide a conceptual framework and methodology for choosing among the alternatives. In the GMC area, we will consider three comprehensive alternative regional structures. These three structures were chosen because they are applicable in the GMC area, they have direct universal applicability to other urban-rural areas, and virtually all other regional structures are a combination of these structures.

The approach will be to gather available data in the GMC area and data from other known sources. This data will be used to build need-cost regression-type models to predict the costs and amounts of information processing, equipment, space and communications for each structure. These regression equations will then be incorporated into our currently operating computerized transportation-location-allocation-vehicle dispatch model to determine the system costs and outcomes for shortages, outdated, administration, information, transportation, etc. The economies of scale from the reduction of shortages, outdated, and donor recruiting costs will be offset by diseconomies due to increased administrative, information and transportation costs and will be displayed. Also given for each alternative will be (i) the range and quality of tests and services at each location with manpower, space and equipment needs, (ii) the responsibility for recruiting, collecting and processing of whole blood and components (iii) the research, consultative and educational staff available, (iv) transportation and communication systems, and (v) the regional authority and control structures. Based on this knowledge and experience in GMC, we will then develop methodologies applicable to other urban-rural areas. Finally since some decisions must be made by the interested and involved parties in the area (including consumer and donor representatives), a conceptual framework and methodology to choose among the alternatives will be given.

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DEFINITIONS

The terms defined on the following page are identified in the subsequent questionnaire by quotation marks when the term first appears.

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DEFINITIONS

1. Full-Time-Equivalent -
Equivalent of a 40-hour week.
2. Leukocyte Poor Red Cells -
Prepared by centrifugation or filtration; does not include frozen blood.
3. Major Supplemental Sources -
Sources which supply at least 5% of blood and/or components per year.
4. Non-Transfusable Unit of Blood -
A unit still within its usable shelf-life which cannot be used due to failure of one or more of the screening tests, inadequate storage, or contamination of the unit.
5. Outdated -
Past the maximum permitted storage time (shelf-life) which is:
 - Whole Blood - 21 days from date of collection.
 - Red Cells - (a) 21 days from date of collection if the hermetic seal is not broken.
(b) 24 hours after hermetic seal is broken.
 - Frozen Red Cells - 3 years provided it is stored not above -65°C .
 - Thawed Frozen - 24 hours after removal from storage.
 - Liquid Stored Washed - 24 hours after hermetic seal is broken.
 - Leukocyte Poor - 24 hours after hermetic seal is broken.
 - Fresh Frozen Plasma - one (1) year from date of collection if it is stored no above -20°C ; 4 hours, if thawed.
 - Platelet Concentrate - 72 hours from collection.
 - Platelet Rich Plasma - 72 hours from collection.
 - Cryoprecipitate - 12 months from date of collection if it is stored not above -18°C ; 4 hours, if thawed.
6. Pheresis Concentrate -
Products collected during one pheresis procedure from one donor.
7. Platelet Concentrate -
Platelets collected from a single unit of blood.
8. Unit of Blood or Component -
The amount of blood or component derived from 450 cc (1 unit) of whole blood.

QUESTIONNAIRE

BLOOD BANK SERVICES
PROVIDED BY
HOSPITAL BLOOD BANKS
OR
TRANSFUSION SERVICES

I. INFORMATION

A. General

1. Name of Hospital _____
2. Name of Blood Bank/Transfusion Service _____
3. Address _____
4. Telephone _____
5. County _____
6. Blood Bank Medical Director _____
7. Academic Appointment of Medical Director of the Blood Bank _____

8. Blood Bank Chief Technologist (Supervisor) _____
9. Are Blood Bank laboratory services owned and operated by the hospital?
_____yes _____no
10. Are Blood Bank laboratory services under a separate contractual relationship?
_____yes _____no If yes, please describe.
11. Are you an institutional member of AABB? _____yes _____no
12. Are you a member of the AABB Clearinghouse? _____yes _____no
13. This data can be released for publication. _____yes _____no
If no, please explain.

List any exceptions.

Date _____

_____ Blood Bank Medical Director

II. VOLUME OF ACTIVITY

Calendar Year 1/1 - 12/31

	1977	1976	1975
A. Number of "Units" Transfused:			
1. Whole Blood	_____	_____	_____
2. Red Cells			
a. Regular	_____	_____	_____
b. Frozen	_____	_____	_____
c. Liquid Stored Washed	_____	_____	_____
d. "Leukocyte Poor"	_____	_____	_____
3. Fresh Frozen Plasma	_____	_____	_____
4. Platelet Concentrate	_____	_____	_____
5. Platelet Rich Plasma	_____	_____	_____
6. Cryoprecipitate	_____	_____	_____
7. Pheresis Products			
a. Platelet	_____	_____	_____
b. Leukocyte	_____	_____	_____
Other (please specify)			
8. _____	_____	_____	_____
9. _____	_____	_____	_____
B. Total Number of Crossmatches performed:	_____	_____	_____
C. Number of Units "Outdated" at Hospital Blood Bank			
1. Whole Blood	_____	_____	_____
2. Red Cells			
a. Regular	_____	_____	_____
b. Frozen	_____	_____	_____
c. Liquid Stored Washed	_____	_____	_____
d. Leukocyte Poor	_____	_____	_____

VOLUME OF ACTIVITY (Cont'd)

	1977	1976	1975
3. Fresh Frozen Plasma	_____	_____	_____
4. Platelet Concentrate	_____	_____	_____
5. Platelet Rich Plasma	_____	_____	_____
6. Cryoprecipitate	_____	_____	_____
7. Pheresis Products			
a. Platelet	_____	_____	_____
b. Leukocyte	_____	_____	_____
Other (please specify)			
8. _____	_____	_____	_____
9. _____	_____	_____	_____

D. What Verification Tests are Performed at your Blood Bank on Blood Obtained from Other Sources?

	Yes	No
1. ABO/RH Confirmation	_____	_____
2. Antibody Screening	_____	_____
3. Syphilis Positive Screening	_____	_____
4. Hepatitis B Antigen Testing	_____	_____
Other (please specify)		
5. _____	_____	_____
6. _____	_____	_____

E. Number of suspected cases of post-transfusion hepatitis involved with blood transfusion:

	1977	1976	1975
	_____	_____	_____

VOLUME OF ACTIVITY (Cont'd)

	1977	1976	1975
F. Number of Therapeutic Procedures			
1. Phlebotomies	_____	_____	_____
2. Plasmapheresis	_____	_____	_____
3. Plateletpheresis	_____	_____	_____
Other (please specify)			
4. _____	_____	_____	_____
5. _____	_____	_____	_____
G. Do you operate a collection service as well as a transfusion service?			
_____ yes _____ no If no, skip sections II. H, II. I and II. J.			
H. Number of Units of Blood Drawn:			
	1977	1976	1975
1. At Blood Bank	_____	_____	_____
2. On Mobiles	_____	_____	_____
I. How Many Donations were Given for the Following Modes of Recruitment?			
1. Blood Assurance	_____	_____	_____
2. Replacement	_____	_____	_____
3. Community Service	_____	_____	_____
4. Altruism	_____	_____	_____
5. Payment	_____	_____	_____
6. Autologous	_____	_____	_____
7. Special Blood Users (i.e., hemophiliacs, leukemics, etc.)	_____	_____	_____
Other			
8. _____	_____	_____	_____
9. _____	_____	_____	_____

VOLUME OF ACTIVITY (Cont'd)

	1977	1976	1975
J. Number of Components Produced at Hospital Blood Bank from Blood:			
1. Red Cells			
a. Regular	_____	_____	_____
b. Frozen	_____	_____	_____
c. Liquid Stored Washed	_____	_____	_____
d. Leukocyte-Poor	_____	_____	_____
2. Fresh Frozen Plasma	_____	_____	_____
3. Platelet Concentrate	_____	_____	_____
4. Platelet Rich Plasma	_____	_____	_____
5. Cryoprecipitate	_____	_____	_____
Other			
6. _____	_____	_____	_____
7. _____	_____	_____	_____

	1977		1976		1975	
	<u>#Donations</u>	<u>#Units</u>	<u>#Don.</u>	<u>#Units</u>	<u>#Don.</u>	<u>#Units</u>
K. Does your Blood Bank Produce any of the Following "Pheresis Concentrates":						
1. Plasmapheresis	_____	_____	_____	_____	_____	_____
2. Plateletpheresis						
a. Machine	_____		_____		_____	
b. Manual Method	_____		_____		_____	
3. Combined Leukocyte and Plateletpheresis	_____		_____		_____	
4. Leukapheresis	_____		_____		_____	

(6)

VOLUME OF ACTIVITY (Cont'd)

- L. Do you have any other use for your pheresis machines? _____ yes _____ no
1. If so, what are they? _____

2. What is the number of procedures per current year? _____

M. Number of Units of "Non-Transfusable" Blood during these Recording Periods*

	1977	1976	1975
1. Hepatitis B Antigen Positive	_____	_____	_____
2. Syphilis Positive	_____	_____	_____
3. Short Units	_____	_____	_____
Other	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

*(Do not include units outdated in this section.)

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III. STAFFING

Complete the following section which is the same format as the Personnel Section of the AABB Inspection Report Form, page 3.

Responsibilities in Blood Bank or Transfusion Service

A. Technical Supervisors	Full Time	Part Time*	On Call
1. M.T. (ASCP) SBB	_____	_____	_____
2. M.T. (ASCP)	_____	_____	_____
Other (please specify)			
3. _____	_____	_____	_____
4. _____	_____	_____	_____
B. Technical Personnel			
1. M.T. (ASCP) SBB	_____	_____	_____
2. M.T. (ASCP)	_____	_____	_____
Other (please specify)			
3. _____	_____	_____	_____
4. _____	_____	_____	_____
C. Nursing Personnel			
1. Registered Nurses	_____	_____	_____
2. Licensed Practical Nurses	_____	_____	_____
Other (please specify)			
3. _____	_____	_____	_____
4. _____	_____	_____	_____
D. Clerical Personnel			
1. Secretaries	_____	_____	_____
2. Clerks	_____	_____	_____

*Estimate the average number of hours per week a part-time person works.

(8)

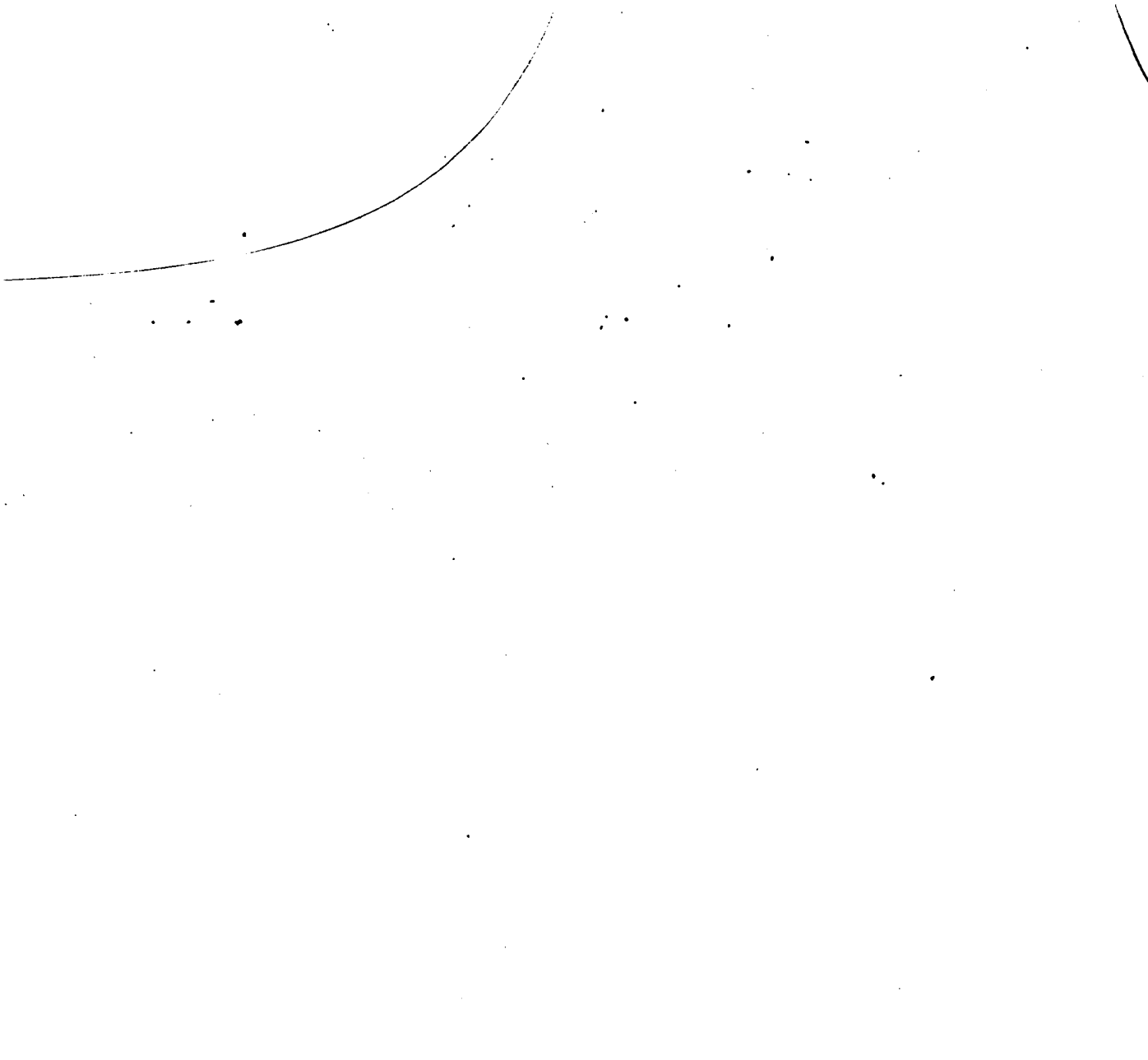
STAFFING (Cont'd)

D. Clerical Personnel (Con'd)

	Full Time	Part Time	On Call
Other (please specify)			
3. _____	_____	_____	_____
4. _____	_____	_____	_____

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(9)

STAFFING (Cont'd)

- E. Please provide a detailed organizational/functional chart in the space below. Indicate the number of people in each category of activity. (Show where and how your blood bank or transfusion service fits into the hospital administrative structure as well as details on the services provided in your blood bank or transfusion service.)
- 

INVENTORY POLICY

A. Target Inventory Levels

1. Describe how you establish your target inventory level (established by usage pattern over a period of time, inventory formulae, etc).

Four horizontal lines for writing the answer to question 1.

2. Does your target inventory level vary by:

(a) Days of the week ___ yes ___ no (If yes, please explain.)

(b) Months of the year ___ yes ___ no (If yes, please explain.)

(c) Year to year ___ yes ___ no (If yes, please explain.)

3. If you have established inventory levels at your blood bank for whole blood and red cells, please indicate those levels below.

	<u>Whole Blood</u>	<u>Red Cells</u>
O positive	_____	_____
O negative	_____	_____
A positive	_____	_____
A negative	_____	_____
B positive	_____	_____
B negative	_____	_____
AB positive	_____	_____
AB negative	_____	_____

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INVENTORY POLICY (Cont'd)

B. Please list your "major supplemental sources" of blood and components and the number of units furnished from each supplier in the last three years. (Use separate sheet for each supplemental supplier.)

1. Name of Supplemental Supplier	1977	1976	1975

a. Whole Blood	_____	_____	_____
b. Red Cells			
i. Regular	_____	_____	_____
ii. Frozen	_____	_____	_____
iii. Liquid Stored Washed	_____	_____	_____
iv. Leukocyte Poor	_____	_____	_____
c. Fresh Frozen Plasma	_____	_____	_____
d. Platelet Concentrate	_____	_____	_____
e. Platelet Rich Plasma	_____	_____	_____
f. Cryoprecipitate	_____	_____	_____
g. Pheresis Products			
i. Platelet	_____	_____	_____
ii. Leukocyte	_____	_____	_____
Other (please specify)			
h. _____	_____	_____	_____
i. _____	_____	_____	_____

V. FACILITIES

A. Number of square feet allocated to:

- 1. Donor Recruitment _____
- 2. Phlebotomy & Donor Screening area,
including recovery area and canteen _____
- 3. Processing _____
- 4. Blood Storage _____
- 5. Crossmatch and Dispensing _____
- 6. Supply Storage _____
- 7. Administration _____
- 8. Education _____
- 9. Research _____
- 10. Expansion Capacity _____
Other (Please Specify)
- 11. _____
- 12. _____

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VI. LABORATORY EQUIPMENT

(Suggest that you just walk through the laboratory and list items you think exceed \$1,000 in purchase price)

A. List each piece of equipment

1. Machine _____ (a)Manufacturer _____
(b)How many of these models do you have? _____
2. Machine _____ (a)Manufacturer _____
(b)How many of these models do you have? _____
3. Machine _____ (a)Manufacturer _____
(b)How many of these models do you have? _____
4. Machine _____ (a)Manufacturer _____
(b)How many of these models do you have? _____
5. Machine _____ (a)Manufacturer _____
(b)How many of these models do you have? _____
6. Machine _____ (a)Manufacturer _____
(b)How many of these models do you have? _____
7. Machine _____ (a)Manufacturer _____
(b)How many of these models do you have? _____
8. Machine _____ (a)Manufacturer _____
(b)How many of these models do you have? _____
9. Machine _____ (a)Manufacturer _____
(b)How many of these models do you have? _____
10. Machine _____ (a)Manufacturer _____
(b)How many of these models do you have? _____
11. Machine _____ (a)Manufacturer _____
(b)How many of these models do you have? _____
12. Machine _____ (a)Manufacturer _____
(b)How many of these models do you have? _____

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VIII. CONSULTATION

A. Do you have Ph.D.'s and/or M.D.'s other than the medical director who function in a professional capacity, either part time or as consultants?

_____yes _____no

B. Do you use outside immunohematology laboratories for consultation?

_____yes _____no If yes, please list these laboratories.

C. What proportion of consultative problems require the use of consultation laboratories?

IX. EDUCATION

A1. Does your hospital have a school of medical technology? _____yes _____no

A2. Do you have an affiliation with a school of medical technology?

_____yes _____no If yes, list affiliation _____

B. Do you conduct review courses and workshops for medical technologists in blood banking? _____yes _____no

C. Do you have an AABB/ASCP approved school for blood banking technology specialists? _____yes _____no

D. Do you have a teaching program for medical students as part of the medical school affiliation of your blood bank Medical Director?

_____yes _____no

E. Do you have an affiliation with a teaching hospital that includes a rotation for graduate trainee physicians? _____yes _____no
If yes, please list affiliation _____

F. Do you conduct continuing education courses for practicing physicians in component utilization, etc? _____yes _____no
If yes, please indicate the number of hours on an annual basis _____

X. RESEARCH

A. Do you provide space or support for individuals doing research in blood banking related areas? _____yes _____no

B. What are the academic affiliations of the people involved in the research?

XI. TRAINING IN RELATED AREAS

A. Do you have formal training programs in :

- 1. Recruiting _____ yes _____ no
- 2. General Admin. Mgmt. _____ yes _____ no
- 3. Public Relations _____ yes _____ no

B. How long are the training programs?

- 1. Recruitment _____
- 2. General Admin. Mgmt. _____
- 3. Public Relations _____

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Data Base Schema

IR SYSTEM 1.1
FILE REGBLDD RECORD 1 DETAILED LIST

- RECORD TYPE 1

NATIONAL AND COMMUNITY CENTERS WILL HAVE ONE OF RECORD TYPE 1. THIS RECORD PROVIDES BASIC IDENTIFICATION INFORMATION CONCERNING THE CASE. THIS RECORD REQUIRES THREE CARDS OF DATA.

MAXIMUM OF THIS RECORD TYPE PER CASE 1
NUMBER OF RECORDS OF THIS TYPE ON DATA FILE 12
NUMBER OF CARDS IN DATA RECORD 3

1. IDNUM, NAME
CARD 1 COLUMNS 3 - 5 TYPE (I)
MISSING= BLANK
1. A1, NAME
CARD 1 COLUMNS 6 - 25 TYPE (A)
MISSING= BLANK
2. A2, ADDRESS
STYLE TO APPEAR ON LETTERHEAD
CARD 1 COLUMNS 26 - 45 TYPE (A)
MISSING= BLANK
3. A3, N-S COORDINATE
CARD 1 COLUMNS 46 - 51 TYPE (I)
MISSING= BLANK
4. A4, E-W COORDINATE
CARD 1 COLUMNS 52 - 57 TYPE (I)
MISSING= BLANK
5. A5, TELEPHONE NUMBER
CARD 1 COLUMNS 58 - 69 TYPE (A)
MISSING= BLANK
6. A6, COUNTY
CARD 2 COLUMNS 1 - 20 TYPE (A)
MISSING= BLANK
7. A7, ADMINISTRATIVE DIRECTOR
CARD 2 COLUMNS 21 - 40 TYPE (A)
MISSING= BLANK
18. A8, TECHNICAL DIRECTOR
CARD 2 COLUMNS 41 - 60 TYPE (A)
MISSING= BLANK
19. A9, MEDICAL DIRECTOR
CARD 3 COLUMNS 1 - 20 TYPE (A)
MISSING= BLANK

SYSTEM
FILE REBUILD RECORD 1 DETAILED LIST

- V10. A10, ACADEMIC MEDICAL DIRECTOR APPOINTMENT OF
96 CARD 3 COLUMNS 21 - 40 TYPE (A)
MISSING= BLANK
- V11. A11, FISCAL YEAR THIS VARIABLE WILL SPECIFY
THE INITIAL MONTH OF THE
FISCAL YEAR
CARD 3 COLUMNS 41 - 48 TYPE (A)
MISSING= BLANK
- V12. A12, FINANCIAL DATA EITHER ON
THE FINANCIAL DATA IS
THE BASIS OF A FISCAL OR CALENDAR YEAR
CARD 3 COLUMN 49 TYPE (I)
MISSING= BLANK
1 = FISCAL 2 = CALENDAR
- V13. A13, STATISTICAL DATA
THE DISTINCTION IS BASED ON
EITHER A FISCAL OR CALENDAR YEAR
CARD 3 COLUMN 50 TYPE (I)
MISSING= BLANK
1 = FISCAL 2 = CALENDAR
- V14. A14, RELEASE PERMISSION
STATUS
CARD 3 COLUMN 51 TYPE (I)
MISSING= BLANK
1 = TOTALITY 2 = PARTIAL
3 = NOT AT ALL
- V15. A15, FDA LICENSE HOLDER?
CARD 3 COLUMN 52 TYPE (I)
MISSING= BLANK
1 = YES 2 = NO
- V16. A16, FLA LIC. PENDING?
CARD 3 COLUMN 53 TYPE (I)
MISSING= BLANK
1 = YES 2 = NO
- V17. A17, MEMBER OF AA88?
CARD 3 COLUMN 54 TYPE (I)
MISSING= BLANK
1 = YES 2 = NO

IR SYSTEM 1.1
FILE R2GBL00 RECORD 1 DETAILED LIST

18. A18, MEMBER OF AAB8
7 CARD 3 COLUMN 55 TYPE (I)
MISSING= BLANK

CLEARING HOUSE?

1 = YES

2 = NO

19. A19, MEMBER OF COUNCIL OF CBC?
CARD 3 COLUMN 56 TYPE (I)
MISSING= BLANK

1 = YES

2 = NO

2. A20, NO. MONTHS OF DATA, CURRENT YEAR
CARD 3 COLUMNS 57 - 58 TYPE (I)
MISSING= BLANK

3. A21, NO. MONTHS
YR.
CARD 3 COLUMNS 59 - 60 TYPE (I)
MISSING= BLANK

OF DATA, PREV.

4. A22, NO. MONTHS OF DATA, PRIOR YR
CARD 3 COLUMNS 61 - 62 TYPE (I)
MISSING= BLANK

S I R S Y S T E M 1 . 1
FILE REGBLUD RECORD 2 DETAILED LIST

-- RECORD TYPE 2

98

VOLUME OF ACTIVITY (HEADING II) FOR NATIONAL AND
COMMUNITY CENTERS. SUBHEADINGS A-E, H ARE INCLUDED
RECORDS WILL BE SORTED BY YEAR. THE VARIABLE YEAR
WILL HAVE 3 VALUES 1=CURRENT, 2=PREVIOUS, 3=PRIOR.
PARTS F AND G WILL APPEAR IN RECORD TYPE 3.
3 CARDS ARE REQUIRED FOR INPUT

MAXIMUM OF THIS RECORD TYPE PER CASE 3
NUMBER OF RECORDS OF THIS TYPE ON DATA FILE 30
NUMBER OF CARDS IN DATA RECORD 5

SORT IDENTIFIER 1 - YEAR

V1. IDNUM,
CARD 1 COLUMNS 3 - 5 TYPE (I)
MISSING= BLANK

V1. YEAR, YEAR CAT. FOR DATA(SORT)
CARD 1 COLUMN 6 TYPE (I)
MISSING= BLANK

V2. B1, A.1-NO. WHOLE BLOOD DRAWN AT BB
CARD 1 COLUMNS 7 - 12 TYPE (I)
MISSING= BLANK

V3. B2, A.2-WB DRAWN ON
CARD 1 COLUMNS 13 - 18 TYPE (I)
MISSING= BLANK

MOBILES

V4. B3, A.3-WB DRAWN AT SAT. STATIONS
CARD 1 COLUMNS 19 - 24 TYPE (I)
MISSING= BLANK

V5. B4, B.1.A-PC REGULAR
CARD 1 COLUMNS 25 - 30 TYPE (I)
MISSING= BLANK

V6. B5, B.1.B-PC FROZEN
CARD 1 COLUMNS 31 - 36 TYPE (I)
MISSING= BLANK

V7. B6, B.1.C-PC
CARD 1 COLUMNS 37 - 42 TYPE (I)
MISSING= BLANK

LIQUID WASHED

V8. B7, B.2-PL CONCENTRATES
CARD 1 COLUMNS 43 - 48 TYPE (I)
MISSING= BLANK

DR SYSTEM 1.1
FILE REGBLOD RECORD 2 DETAILED LIST

FROZEN PLASMA

9. B8, B.3-FRESH
CARD 1 COLUMNS 49 - 54 TYPE (I)
MISSING= BLANK
10. B9, B.4-PLAT.RICH PLASMA
CARD 1 COLUMNS 55 - 60 TYPE (I)
MISSING= BLANK
11. B10, B.5-CRYO
CARD 1 COLUMNS 61 - 66 TYPE (I)
MISSING= BLANK
12. B11, B.6-LEUKO. FREE PC
CARD 1 COLUMNS 67 - 72 TYPE (I)
MISSING= BLANK
13. B12, B.6-LEUKO. CONC.
CARD 2 COLUMNS 1 - 6 TYPE (I)
MISSING= BLANK
14. B13, B.6-SINGLE DONOR PLASMA
CARD 2 COLUMNS 7 - 12 TYPE (I)
MISSING= BLANK
15. B14, B.6-MISC.
CARD 2 COLUMNS 13 - 18 TYPE (I)
MISSING= BLANK
16. B15, C.1-RIA +
CARD 2 COLUMNS 19 - 24 TYPE (I)
MISSING= BLANK
17. B16, C.2-SYPHILIS
CARD 2 COLUMNS 25 - 30 TYPE (I)
MISSING= BLANK
18. B17, C.3-SHORT UNITS
CARD 2 COLUMNS 31 - 36 TYPE (I)
MISSING= BLANK
19. B18, C.4-CONTAMINATED
CARD 2 COLUMNS 37 - 42 TYPE (I)
MISSING= BLANK
20. B19, C.4-OTHERS
CARD 2 COLUMNS 43 - 48 TYPE (I)
MISSING= BLANK
21. B20, C.4-OTHERS
CARD 2 COLUMNS 49 - 54 TYPE (I)
MISSING= BLANK
22. B21, C.4-OTHERS
CARD 2 COLUMNS 55 - 60 TYPE (I)
MISSING= BLANK

S I R S Y S T E M
FILE REGBLDD RECCRD 2 DETAILED LIST

- V23. B22, D.1-WB OUTDATES
CARD 2 COLUMNS 61 - 66 TYPE (I)
MISSING= BLANK
- V24. B23, D.2.A-PRC REG
CARD 2 COLUMNS 67 - 72 TYPE (I)
MISSING= BLANK
- V25. B24, D.2.B-PRC FRJZEN
CARD 3 COLUMNS 1 - 6 TYPE (I)
MISSING= BLANK
- V26. B25, D.2.C-PRC LIQ. WASHED
CARD 3 COLUMNS 7 - 12 TYPE (I)
MISSING= BLANK
- V27. B26, D.3-PL CONC.
CARD 3 COLUMNS 13 - 18 TYPE (I)
MISSING= BLANK
- V28. B27, D.4-FRESH FROZ. PLASMA
CARD 3 COLUMNS 19 - 24 TYPE (I)
MISSING= BLANK
- V29. B28, D.5- PL.RICH PLASMA
CARD 3 COLUMNS 25 - 30 TYPE (I)
MISSING= BLANK
- V30. B29, D.6-CRYG
CARD 3 COLUMNS 31 - 36 TYPE (I)
MISSING= BLANK
- V31. B30, D.7-LEUKO. FREE PC
CARD 3 COLUMNS 37 - 42 TYPE (I)
MISSING= BLANK
- V32. B31, D.7-LEUKO. CONC.
CARD 3 COLUMNS 43 - 48 TYPE (I)
MISSING= BLANK
- V33. B32, D.7-SINGLE DONOR PLASMA
CARD 3 COLUMNS 49 - 54 TYPE (I)
MISSING= BLANK
- V34. B33, D.7-MISC
CARD 3 COLUMNS 55 - 60 TYPE (I)
MISSING= BLANK
- V35. B34, E.-PLASMA.
DON
CARD 3 COLUMNS 61 - 66 TYPE (I)
MISSING= BLANK

IR SYSTEM 1.1
FILE REGBLUD RECORD 2 DETAILED LIST

- 36. B35, E.1-PLASMA. UNITS
CARD 3 COLUMNS 67 - 72 TYPE (I)
MISSING= BLANK
- 37. B35, E.2.A-PLAT MAC
CARD 4 COLUMNS 1 - 6 TYPE (I)
MISSING= BLANK
- 38. B37, E.2.B-PLAT MAN DON
CARD 4 COLUMNS 7 - 12 TYPE (I)
MISSING= BLANK
- 39. B36, PLAT MAN UNITS
CARD 4 COLUMNS 13 - 18 TYPE (I)
MISSING= BLANK
- 40. B39, E.3-LEUK
CARD 4 COLUMNS 19 - 24 TYPE (I)
MISSING= BLANK
- 41. B40, H.1-BLD ASSURANCE
CARD 4 COLUMNS 25 - 30 TYPE (I)
MISSING= BLANK
- 42. B41, H.2-REPLACEMENT
CARD 4 COLUMNS 31 - 36 TYPE (I)
MISSING= BLANK
- 43. B42, H.3-
CARD 4 COLUMNS 37 - 42 TYPE (I)
MISSING= BLANK
- 44. B43, H.4-ALTRUISM
CARD 4 COLUMNS 43 - 48 TYPE (I)
MISSING= BLANK
- 45. B44, H.5-PAID DONORS
CARD 4 COLUMNS 49 - 54 TYPE (I)
MISSING= BLANK
- 46. B45, H.6-AUTOLOGOUS
CARD 4 COLUMNS 55 - 60 TYPE (I)
MISSING= BLANK
- 47. B46, H.7-SPECIAL
CARD 4 COLUMNS 61 - 66 TYPE (I)
MISSING= BLANK
- 48. B47, H.8-PREPLACEM
CARD 4 COLUMNS 67 - 72 TYPE (I)
MISSING= BLANK
- 49. B48,
CARD 5 COLUMNS 1 - 6 TYPE (I)
MISSING= BLANK

COM. SERVICE

B48, H.6-OTHER

S I R S Y S T E M 1 . 1
FILE REGBLOD RECORD 2 DETAILED LIST

V50. B49, H.8-OTHER
CARD 5 COLUMNS 7 - 12 TYPE (I)
MISSING= BLANK

V51. B10, H.8-OTHER
CARD 5 COLUMNS 13 - 16 TYPE (I)
MISSING= BLANK

IR SYSTEM
FILE REGBLOB RECORD 3 DETAILED LIST

- RECORD TYPE 3

THIS TYPE CONTINUES VOLUME OF ACTIVITY FOR NATIONAL AND COMMUNITY CENTERS. THE DATA IN TYPE 3 IS PRIMARILY NONNUMERICAL, RATHER BASIC INFORMATION. SUBHEADINGS F AND G OF HEADING II OF THE FORMS ARE CONTAINED HERE.

MAXIMUM OF THIS RECORD TYPE PER CASE 1
NUMBER OF RECORDS OF THIS TYPE ON DATA FILE 12
NUMBER OF CARDS IN DATA RECORD 1

1. IDNUM,
COLUMNS 3 - 5 TYPE (I)
MISSING= BLANK

1. BA1, F.1-OTHER USES FOR PHERESIS MACH?
COLUMN 6 TYPE (I)
MISSING= BLANK

1 = YES 2 = NO

2. BA2, F.2-LIST USES
THIS CAN ONLY TAKE 40 SPACES
COLUMNS 7 - 46 TYPE (A)
MISSING= BLANK

3. BA3, F.3-NO. PROC. PER YEAR
COLUMNS 47 - 52 TYPE (I)
MISSING= BLANK

4. BA4, G.1-ABC-RH TEST
COLUMN 53 TYPE (I)
MISSING= BLANK

1 = YES 2 = NO

5. BA5, G.2-ANTI-BODY SCREENING
COLUMN 54 TYPE (I)
MISSING= BLANK

1 = YES 2 = NO

6. BA6, G.3-SYPHILIS SCREENING
COLUMN 55 TYPE (I)
MISSING= BLANK

1 = YES 2 = NO

7. BA7, G.4-RIA TESTING
COLUMN 56 TYPE (I)
MISSING= BLANK

S I M U L A T I O N S Y S T E M 1 . 1
FILE REGBLDD RECORD 3 DETAILED LIST

1 = YES

2 = NO

v8. BA8, G.S-OTHER
COLUMN 57 TYPE (I)
MISSING= BLANK

1 = YES

2 = NO

v9. BA9, G.S-OTHER
COLUMN 58 TYPE (I)
MISSING= BLANK

1 = YES

2 = NO

v10. BA10, G.S-OTHER
COLUMN 59 TYPE (I)
MISSING= BLANK

1 = YES

2 = NO

RECORD TYPE 4

THIS RECORD CONSISTS OF THE STAFFING DATA FOR NATIONAL AND COMMUNITY CENTERS. THIS CORRESPONDS TO HEADING III ON THE QUESTIONNAIRE. C1 THROUGH C62 ARE PAID FTE'S. C63 THROUGH C126 ARE VOLUTEER EFFECTIVE HOURS/WEEK. IT WILL TAKE 13 DATA CARDS TO FILL THIS RECORD

MAXIMUM OF THIS RECORD TYPE PER CASE 3
NUMBER OF RECORDS OF THIS TYPE ON DATA FILE 36
NUMBER OF CARDS IN DATA RECORD 13

PORT IDENTIFIER 1 - YEAR

1. IDNUM,
CARD 1 COLUMNS 3 - 5 TYPE (I)
MISSING= BLANK
1. YEAR,
CARD 1 COLUMN 6 TYPE (I)
MISSING= BLANK
2. C1, A.1.A-ADMIN-ADMINISTRATOR
CARD 1 COLUMNS 7 - 13 TYPE (F7.2)
MISSING= BLANK
3. C2, A.1.B-ADMIN-CONTROLLER
CARD 1 COLUMNS 14 - 20 TYPE (F7.2)
MISSING= BLANK
4. C3, A.1.C-ADMIN-ADMIN. ASSISTANT
CARD 1 COLUMNS 21 - 27 TYPE (F7.2)
MISSING= BLANK
5. C4, A.1.D-ADMIN-TECH.DIRECTOR
CARD 1 COLUMNS 28 - 34 TYPE (F7.2)
MISSING= BLANK
6. C5, A.1.E-ADMIN-MED. DIRECTOR
CARD 1 COLUMNS 35 - 41 TYPE (F7.2)
MISSING= BLANK
7. C6, A.1.F-ADMIN-RESEARCH PERS.
CARD 1 COLUMNS 42 - 48 TYPE (F7.2)
MISSING= BLANK
8. C7, A.1.G-ADMIN-TECH. EDUCATION PERS.
CARD 1 COLUMNS 49 - 55 TYPE (F7.2)
MISSING= BLANK

S I R S Y S T E M 1 . 1
FILE REGBLOD RECORD 4 DETAILED LIST

- v9. C8, A.1.H-ADMIN-CLERICAL
CARD 1 COLUMNS 56 - 62 TYPE (F7.2)
MISSING= BLANK
- v10. C9, A.1.I- COMP. PROG.
CARD 1 COLUMNS 63 - 69 TYPE (F7.2)
MISSING= BLANK
- v11. C10, A.1.I-B.B. FELLOW
CARD 1 COLUMNS 70 - 76 TYPE (F7.2)
MISSING= BLANK
- v12. C11, A.1.I-OTHER
CARD 2 COLUMNS 1 - 7 TYPE (F7.2)
MISSING= BLANK
- v13. C12, A.1.I- OTHER
CARD 2 COLUMNS 8 - 14 TYPE (F7.2)
MISSING= BLANK
- v14. C13, A.2.A-PROC-SUPERVISOR
CARD 2 COLUMNS 15 - 21 TYPE (F7.2)
MISSING= BLANK
- v15. C14, A.2.B-PROC-REG. TECH
CARD 2 COLUMNS 22 - 28 TYPE (F7.2)
MISSING= BLANK
- v16. C15, A.2.C-PROC-NONREG TECH
CARD 2 COLUMNS 29 - 35 TYPE (F7.2)
MISSING= BLANK
- v17. C16, A.2.D-PROC-LAB AIDES
CARD 2 COLUMNS 36 - 42 TYPE (F7.2)
MISSING= BLANK
- v18. C17, A.2.E-PROC-CLERICAL
CARD 2 COLUMNS 43 - 49 TYPE (F7.2)
MISSING= BLANK
- v19. C18, A.2.F-OTHER
CARD 2 COLUMNS 50 - 56 TYPE (F7.2)
MISSING= BLANK
- v20. C19, A.2.F-OTHER
CARD 2 COLUMNS 57 - 63 TYPE (F7.2)
MISSING= BLANK
- v21. C20, A.2.F-OTHER
CARD 2 COLUMNS 64 - 70 TYPE (F7.2)
MISSING= BLANK

I'R S Y S T E M . . .
FILE REGBLD RECORD 4 DETAILED LIST

- 22. C21, A.2.F-OTHER
CARD 3 COLUMNS 1 - 7 TYPE (F7.2)
MISSING= BLANK

- 23. C22, A.3. A-PHLEB-SUPERVISOR
CARD 3 COLUMNS 8 - 14 TYPE (F7.2)
MISSING= BLANK

- 24. C23, A.3.B-PHLEB-PHLEBOTOMISTS
CARD 3 COLUMNS 15 - 21 TYPE (F7.2)
MISSING= BLANK

- 25. C24, A.3.C-PHLEB-AIDES
CARD 3 COLUMNS 22 - 28 TYPE (F7.2)
MISSING= BLANK

- 26. C25, A.3.D-PHLEB-CLERICAL
CARD 3 COLUMNS 29 - 35 TYPE (F7.2)
MISSING= BLANK

- 27. C26, A.3.E-OTHER
CARD 3 COLUMNS 36 - 42 TYPE (F7.2)
MISSING= BLANK

- 28. C27, A.3.E-OTHER
CARD 3 COLUMNS 43 - 49 TYPE (F7.2)
MISSING= BLANK

- 29. C28, A.3.E-OTHER
CARD 3 COLUMNS 50 - 56 TYPE (F7.2)
MISSING= BLANK

- 30. C29, A.3. E-OTHER
CARD 3 COLUMNS 57 - 63 TYPE (F7.2)
MISSING= BLANK

- 31. C30, A.4.A-MOBILE-SUPERVISOR
CARD 3 COLUMNS 64 - 70 TYPE (F7.2)
MISSING= BLANK

- 32. C31, A.4.B-MOBILE -PHLEBOTOMISTS
CARD 4 COLUMNS 1 - 7 TYPE (F7.2)
MISSING= BLANK

- 33. C32, A.4.C-MOBILE-AIDES
CARD 4 COLUMNS 8 - 14 TYPE (F7.2)
MISSING= BLANK

- 34. C33, A.4.D- MOBILE-CLERICAL
CARD 4 COLUMNS 15 - 21 TYPE (F7.2)
MISSING= BLANK

- 35. C34, A.4.C-MOBILE-DRIVERS
CARD 4 COLUMNS 22 - 28 TYPE (F7.2)
MISSING= BLANK

S I R S Y S T E M . . .
FILE REGBLDG RECORD 4 DETAILED LIST

- v36. C35, A.4.E- OTHER
CARD 4 COLUMNS 29 - 35 TYPE (F7.2)
MISSING= BLANK
- v37. C36, A.4.E-OTHER
CARD 4 COLUMNS 36 - 42 TYPE (F7.2)
MISSING= BLANK
- v38. C37, A.4.E-OTHER
CARD 4 COLUMNS 43 - 49 TYPE (F7.2)
MISSING= BLANK
- v39. C38, A.4.E- OTHER
CARD 4 COLUMNS 50 - 56 TYPE (F7.2)
MISSING= BLANK
- v40. C39, A.5.A-DONOR-SUPERVISOR
CARD 4 COLUMNS 57 - 63 TYPE (F7.2)
MISSING= BLANK
- v41. C40, A.5.B-DONOR- RECRUITERS
CARD 4 COLUMNS 64 - 70 TYPE (F7.2)
MISSING= BLANK
- v42. C41, A.5.C-DONOR-CLERICAL
CARD 5 COLUMNS 1 - 7 TYPE (F7.2)
MISSING= BLANK
- v43. C42, A.5.D-OTHER
CARD 5 COLUMNS 8 - 14 TYPE (F7.2)
MISSING= BLANK
- v44. C43, A.5.E-OTHER
CARD 5 COLUMNS 15 - 21 TYPE (F7.2)
MISSING= BLANK
- v45. C44, A.5.D-OTHER
CARD 5 COLUMNS 22 - 28 TYPE (F7.2)
MISSING= BLANK
- v46. C45, A.5.D-OTHER
CARD 5 COLUMNS 29 - 35 TYPE (F7.2)
MISSING= BLANK
- v47. C46, A.6.A-INV-SUPERVISOR
CARD 5 COLUMNS 36 - 42 TYPE (F7.2)
MISSING= BLANK
- v48. C47, A.6.B-INV-DRIVERS
CARD 5 COLUMNS 43 - 49 TYPE (F7.2)
MISSING= BLANK
- v49. C48, A.6.C. C-INV-CLERICAL
CARD 5 COLUMNS 50 - 56 TYPE (F7.2)
MISSING= BLANK

IR SYSTEM 1.1
FILE REGBLDD RECCRD 4 DETAILED LIST

- 50. C49, A.6.D-DATA PROC.
CARD 5 COLUMNS 57 - 63 TYPE (F7.2)
MISSING= BLANK
- 51. C50, A.6.D-OTHER
CARD 5 COLUMNS 64 - 70 TYPE (F7.2)
MISSING= BLANK
- 52. C51, A.6.D-OTHER
CARD 6 COLUMNS 1 - 7 TYPE (F7.2)
MISSING= BLANK
- 53. C52, A.6.D-OTHER
CARD 6 COLUMNS 8 - 14 TYPE (F7.2)
MISSING= BLANK
- 54. C53, A.7.A-SUPPORT-
HOUSEKEEPING
CARD 6 COLUMNS 15 - 21 TYPE (F7.2)
MISSING= BLANK
- 55. C54, A.7.B-SUPPORT-MAINTENANCE
CARD 6 COLUMNS 22 - 28 TYPE (F7.2)
MISSING= BLANK
- 56. C55, A.7.C -OTHER
CARD 6 COLUMNS 29 - 35 TYPE (F7.2)
MISSING= BLANK
- 57. C56, A.7.D-OTHER
CARD 6 COLUMNS 36 - 42 TYPE (F7.2)
MISSING= BLANK
- 58. C57, A.7.D-OTHER
CARD 6 COLUMNS 43 - 49 TYPE (F7.2)
MISSING= BLANK
- 59. C58, A.7.D- OTHER
CARD 6 COLUMNS 50 - 56 TYPE (F7.2)
MISSING= BLANK
- 60. C59, A.8-OTHER
CARD 6 COLUMNS 57 - 63 TYPE (F7.2)
MISSING= BLANK
- 61. C60, A.8-OTHER
CARD 6 COLUMNS 64 - 70 TYPE (F7.2)
MISSING= BLANK
- 62. C61, A.8-OTHER
CARD 7 COLUMNS 1 - 7 TYPE (F7.2)
MISSING= BLANK

S I R S Y S T E M 1 . 1
FILE REGBLUD RECGRU 4 DETAILED LIST

v63.	C62,	A.C-OTHER	
		CARD 7 COLUMNS 6 - 14 TYPE (F7.2)	
		MISSING= BLANK	
v64.	C63,	C.1.A-ADMIN-ADMINIS.	
		CARD 7 COLUMNS 15 - 21 TYPE (F7.2)	
		MISSING= BLANK	
v65.	C64,	C.1.B-ADMIN-	CONTROLLER
		CARD 7 COLUMNS 22 - 28 TYPE (F7.2)	
		MISSING= BLANK	
v66.	C65,	C.1.C-ADMIN-ADM.ASSIST	
		CARD 7 COLUMNS 29 - 35 TYPE (F7.2)	
		MISSING= BLANK	
v67.	C66,	C.1.D-	ADMIN-TECH DIR.
		CARD 7 COLUMNS 36 - 42 TYPE (F7.2)	
		MISSING= BLANK	
v68.	C67,	C.1.E-ADMIN-MED DIR.	
		CARD 7 COLUMNS 43 - 49 TYPE (F7.2)	
		MISSING= BLANK	
v69.	C68,	C.1.F-	ADMIN-RESEARCH
		CARD 7 COLUMNS 50 - 56 TYPE (F7.2)	
		MISSING= BLANK	
v70.	C69,	C.1.G-ADMIN-TECH.ED.	
		CARD 7 COLUMNS 57 - 63 TYPE (F7.2)	
		MISSING= BLANK	
v71.	C70,	C.1.H-	ADMIN-CLERICAL
		CARD 7 COLUMNS 64 - 70 TYPE (F7.2)	
		MISSING= BLANK	
v72.	C71,	C.1.J-OTHER	
		CARD 8 COLUMNS 1 - 7 TYPE (F7.2)	
		MISSING= BLANK	
v73.	C72,	C.1.J-OTHER	
		CARD 8 COLUMNS 8 - 14 TYPE (F7.2)	
		MISSING= BLANK	
v74.	C73,	C.1.J-OTHER	
		CARD 8 COLUMNS 15 - 21 TYPE (F7.2)	
		MISSING= BLANK	
v75.	C74,	C.1.J-OTHER	
		CARD 8 COLUMNS 22 - 28 TYPE (F7.2)	
		MISSING= BLANK	
v76.	C75,	C.2.A-PROC-	SUPERVISOR
		CARD 8 COLUMNS 29 - 35 TYPE (F7.2)	
		MISSING= BLANK	

I'R S Y S T E M 1 . 1
ILE REGLED RECORD 4 DETAILED LIST

77. C76, C.2.B-PROC-REG TECH
CARD 8 COLUMNS 36 - 42 TYPE (F7.2)
MISSING= BLANK
78. C77, C.2.C-PROC- NONREG TECH
CARD 8 COLUMNS 43 - 49 TYPE (F7.2)
MISSING= BLANK
79. C78, C.2.D-PROC-LAB AIDES
CARD 8 COLUMNS 50 - 56 TYPE (F7.2)
MISSING= BLANK
80. C79, C.2.E-PROC- CLERICAL
CARD 8 COLUMNS 57 - 63 TYPE (F7.2)
MISSING= BLANK
81. C80, C.2.F-OTHER
CARD 8 COLUMNS 64 - 70 TYPE (F7.2)
MISSING= BLANK
82. C81, C.2.F-OTHER
CARD 9 COLUMNS 1 - 7 TYPE (F7.2)
MISSING= BLANK
83. C82, C.2.F- OTHER
CARD 9 COLUMNS 8 - 14 TYPE (F7.2)
MISSING= BLANK
84. C83, C.2.F-OTHER
CARD 9 COLUMNS 15 - 21 TYPE (F7.2)
MISSING= BLANK
85. C84, C.3.A-PHLEB-SUPERVISOR
CARD 9 COLUMNS 22 - 28 TYPE (F7.2)
MISSING= BLANK
86. C85, C.3.B-PHLEB-PHLEBOTOMISTS
CARD 9 COLUMNS 29 - 35 TYPE (F7.2)
MISSING= BLANK
87. C86, C.3.C-PHLEB-AIDES
CARD 9 COLUMNS 36 - 42 TYPE (F7.2)
MISSING= BLANK
88. C87, C.3.D-PHLEB-CLERICAL
CARD 9 COLUMNS 43 - 49 TYPE (F7.2)
MISSING= BLANK
89. C88, C.3.E-PHLEB-PHONING
CARD 9 COLUMNS 50 - 56 TYPE (F7.2)
MISSING= BLANK
90. C89, C.3.F-OTHER
CARD 9 COLUMNS 57 - 63 TYPE (F7.2)
MISSING= BLANK

S I R S Y S T E M 1 . 1
FILE REGBLED RECORD 4 DETAILED LIST

- V91. C9 , C.3.F-OTHER
CARD 9 COLUMNS 24 - 71 TYPE (F7.2)
MISSING= BLANK
- V92. C91, C.3.F-OTHER
CARD 10 COLUMNS 1 - 7 TYPE (F7.2)
MISSING= BLANK
- V93. C92, C.3.F-OTHER
CARD 11 COLUMNS 8 - 14 TYPE (F7.2)
MISSING= BLANK
- V94. C93, C.4.A-MOBILE-SUPERVISOR
CARD 10 COLUMNS 15 - 21 TYPE (F7.2)
MISSING= BLANK
- V95. C94, C.4.B- MOBILE-PHLEBOTOMISTS
CARD 10 COLUMNS 22 - 28 TYPE (F7.2)
MISSING= BLANK
- V96. C95, C.4.C-MOBILE-AIDES
CARD 11 COLUMNS 29 - 35 TYPE (F7.2)
MISSING= BLANK
- V97. C96, C.4. D-MOBILE-CLERICAL
CARD 11 COLUMNS 36 - 42 TYPE (F7.2)
MISSING= BLANK
- V98. C97, C.4.E-MOBILE-DRIVERS
CARD 11 COLUMNS 43 - 49 TYPE (F7.2)
MISSING= BLANK
- V99. C98, C.4.F-MOBILE-DONOR HISTORY
CARD 11 COLUMNS 50 - 56 TYPE (F7.2)
MISSING= BLANK
- V100. C99, C.4.G-MOBILE-
REFRESHMENT AREA
CARD 10 COLUMNS 57 - 63 TYPE (F7.2)
MISSING= BLANK
- V101. C100, C.4.H,MOBILE-SCREENING AREA
CARD 10 COLUMNS 64 - 70 TYPE (F7.2)
MISSING= BLANK
- V102. C101, C.4.I-OTHER
CARD 11 COLUMNS 1 - 7 TYPE (F7.2)
MISSING= BLANK
- V103. C102, C.4.I-OTHER
CARD 11 COLUMNS 8 - 14 TYPE (F7.2)
MISSING= BLANK

IR SYSTEM 1.1
LE REGBLD RECD 4 DETAILED LIST

- 104. C103, C.4.1-OTHER
CARD 11 COLUMNS 15 - 21 TYPE (F7.2)
MISSING= BLANK
- 105. C104, C.4.1-OTHER
CARD 11 COLUMNS 22 - 28 TYPE (F7.2)
MISSING= BLANK
- 106. C105, C.5.A-DONOR-SUPERVISOR
CARD 11 COLUMNS 29 - 35 TYPE (F7.2)
MISSING= BLANK
- 107. C106, C.5.B-DONOR-RECRUITERS
CARD 11 COLUMNS 36 - 42 TYPE (F7.2)
MISSING= BLANK
- 108. C107, C.5.C-DONOR-CLERICAL
CARD 11 COLUMNS 43 - 49 TYPE (F7.2)
MISSING= BLANK
- 109. C108, C.5.D-DONOR-PR ACTIVITIES
CARD 11 COLUMNS 50 - 56 TYPE (F7.2)
MISSING= BLANK
- 110. C109, C.5.E-1DONOR-
CARD 11 COLUMNS 57 - 63 TYPE (F7.2)
MISSING= BLANK
- 111. C110, C.5.F-OTHER
CARD 11 COLUMNS 64 - 70 TYPE (F7.2)
MISSING= BLANK
- 112. C111, C.5.F-OTHER
CARD 12 COLUMNS 1 - 7 TYPE (F7.2)
MISSING= BLANK
- 113. C112, C.5.F-OTHER
CARD 12 COLUMNS 8 - 14 TYPE (F7.2)
MISSING= BLANK
- 114. C113, C.5.F-OTHER
CARD 12 COLUMNS 15 - 21 TYPE (F7.2)
MISSING= BLANK
- 115. C114, C.6.A-INV-
CARD 12 COLUMNS 22 - 28 TYPE (F7.2)
MISSING= BLANK
- 116. C115, C.6.B-INV-DRIVERS
CARD 12 COLUMNS 29 - 35 TYPE (F7.2)
MISSING= BLANK
- 117. C116, C.6.C-INV-
CARD 12 COLUMNS 36 - 42 TYPE (F7.2)
MISSING= BLANK

SCHEDULING

SUPERVISOR

CLERICAL

S I R S Y S T E M 1 . 1
FILE REGBLCD RECORD 4 DETAILED LIST

- V118. C117, C.6.D-OTHER
CARD 12 COLUMNS 43 - 49 TYPE (F7.2)
MISSING= BLANK
- V119. C118, C.6.D-OTHER
CARD 12 COLUMNS 50 - 56 TYPE (F7.2)
MISSING= BLANK
- V120. C119, C.6. D-OTHER
CARD 12 COLUMNS 57 - 63 TYPE (F7.2)
MISSING= BLANK
- V121. C120, C.6.D-OTHER
CARD 12 COLUMNS 64 - 70 TYPE (F7.2)
MISSING= BLANK
- V122. C121, C.7.A-SUPPORT-
HOUSEKEEPING
CARD 13 COLUMNS 1 - 7 TYPE (F7.2)
MISSING= BLANK
- V123. C122, C.7.B-SUPPORT-MAINTENANCE
CARD 13 COLUMNS 8 - 14 TYPE (F7.2)
MISSING= BLANK
- V124. C123, C. 7.C-OTHER
CARD 13 COLUMNS 15 - 21 TYPE (F7.2)
MISSING= BLANK
- V125. C124, C.7.C-OTHER
CARD 13 COLUMNS 22 - 28 TYPE (F7.2)
MISSING= BLANK
- V126. C125, C.7.C-OTHER
CARD 13 COLUMNS 29 - 35 TYPE (F7.2)
MISSING= BLANK
- V127. C126, C. 7.C-OTHER
CARD 13 COLUMNS 36 - 42 TYPE (F7.2)
MISSING= BLANK

IR SYSTEM 1.1
FILE REGBLDD RECORD 5 DETAILED LIST

- RECORD TYPE 5

THIS RECORD PROVIDES BASIC INFORMATION REGARDING INVENTORY POLICY FOR NATIONAL AND COMMUNITY CENTERS. THE DATA IN THIS RECORD CORRESPONDS TO HEADING IV ON THE QUESTIONNAIRE. SPECIFICALLY, SUBHEADINGS B-E APPEAR IN THIS RECORD. THE REMAINDER OF HEADING IV (INVENTORY POLICY) APPEARS IN THE DATA BASE AS FOLLOWS.

NATIONAL: PARTS	RECORD TYPE
I	55
J	56
A,H	6
F	9
G	10
COMMUNITY:	
I	55
J	56
A,H	6
F	7
G	8

MAXIMUM OF THIS RECORD TYPE PER CASE 1
NUMBER OF RECORDS OF THIS TYPE ON DATA FILE 11
NUMBER OF CARDS IN DATA RECORD 1

1. IDNUM, B.1-DIRECTOR OF TRANSSHIPMENT
COLUMNS 3 - 5 TYPE (I)

1. DA1, B.1-DIRECTOR OF TRANSSHIPMENT
COLUMN 6 TYPE (I)
MISSING= BLANK

0 = NEITHER
2 = COMMUNITY CENTER
1 = HOSPITAL

2. DA2, C.1-OUTDATING
COLUMN 7 TYPE (I)
MISSING= BLANK

RECORDED AT

0 = NEITHER
2 = COMMUNITY CENTER
1 = HOSPITAL

3. DA3, D.1-PAY FOR TRANS. UNITS
COLUMN 8 TYPE (I)
MISSING= BLANK

1 = WB-PRC
3 = ALL
2 = COMPONENTS

4. DA4, D.2-PAY
COLUMN 9 TYPE (I)
MISSING= BLANK

FOR ALL

S I R S Y S T E M 1 . 1
FILE REGBLOD RECORD = DETAILED LIST

1 = WB-PRC
3 = ALL

2 = COMP.

V5. DA3, D.3-PAY FOR EACH DAY HELD
COLUMN 10 TYPE (I)
MISSING= BLANK

1 = WB-PRC
3 = ALL

2 = COMP.

V6. DA6, D.4-OTHER
COLUMN 11 TYPE (I)
MISSING= BLANK

1 = WB-PRC
3 = ALL

2 = COMP.

V7. DA7, --PERCENT AT CENTRAL BANK
COLUMNS 12 - 21 TYPE (F10.4)
MISSING= BLANK

IR SYSTEM 1.1
ILE REGBLOD RECORD 5 DETAILED LIST

- RECORD TYPE 6

THIS RECORD PROVIDES DATA ON UNITS OF WHOLE BLOOD AND COMPONENTS DELIVERED TO INVENTORY CONTROLLED HOSPITALS (HLADING IV.A) AND BLOOD RECEIVED FROM ALL SUPPLEMENTAL SUPPLIERS OUTSIDE THE CASES REGION (IV.H) FOR BOTH NATIONAL AND COMMUNITY CENTERS. THE RECORD IS SORTED BY YEAR. THIS RECORD REQUIRES 2 DATA CARDS.

MAXIMUM OF THIS RECORD TYPE PER CASE 3
NUMBER OF RECORDS OF THIS TYPE ON DATA FILE 33
NUMBER OF CARDS IN DATA RECORD 2

ORT IDENTIFIER 1 - YEAR

1. IDNUM,
CARD 1 COLUMNS 3 - 5 TYPE (I)
1. YEAR,
CARD 1 COLUMN 6 TYPE (I)
2. D1, A.1-WHOLE BLOOD
CARD 1 COLUMNS 7 - 12 TYPE (I)
MISSING= 0
3. D2, A.2.A-PRC-REGULAR
CARD 1 COLUMNS 13 - 18 TYPE (I)
MISSING= 0
4. D3, A.2.B- PRC-FROZEN
CARD 1 COLUMNS 19 - 24 TYPE (I)
MISSING= 0
5. D4, A.2.C-PRC-LIQUID WASHED
CARD 1 COLUMNS 25 - 30 TYPE (I)
MISSING= 0
6. D5, A.3-PL CONCENTRATES
CARD 1 COLUMNS 31 - 36 TYPE (I)
MISSING= 0
7. D6, A.4-FRESH FROZEN PLASMA
CARD 1 COLUMNS 37 - 42 TYPE (I)
MISSING= 0
8. D7, A.5-PLAT. RICH PLASMA
CARD 1 COLUMNS 43 - 48 TYPE (I)
MISSING= 0
9. D8, A.6-CRYO
CARD 1 COLUMNS 49 - 54 TYPE (I)
MISSING= 0

S I R S Y S T E M 1 . 1
FILE REGBLOOD RECORD 6 DETAILED LIST

FREE PC

- V10. D9, A.7-LEUKO.
CARD 1 COLUMNS 25 - 60 TYPE (I)
MISSING= 0
- V11. D10, A.7-MISC.
CARD 1 COLUMNS 61 - 66 TYPE (I)
MISSING= 0
- V12. D11, H.A-WHOLE BLOOD
CARD 2 COLUMNS 1 - 6 TYPE (I)
MISSING= 0
- V13. D12, H.B1-PRC-REGULAR
CARD 2 COLUMNS 7 - 12 TYPE (I)
MISSING= 0
- V14. D13, H.B.2-PRC-FROZEN
CARD 2 COLUMNS 13 - 18 TYPE (I)
MISSING= 0
- V15. D14, H.B.3-PRC-LIQUID WASHED
CARD 2 COLUMNS 19 - 24 TYPE (I)
MISSING= 0
- V16. D15, H.C-PL CONCENTRATES
CARD 2 COLUMNS 25 - 30 TYPE (I)
MISSING= 0
- V17. D16, H.D-FRESH FROZEN PLASMA
CARD 2 COLUMNS 31 - 36 TYPE (I)
MISSING= 0
- V18. D17, H.E-PL RICH PLASMA
CARD 2 COLUMNS 37 - 42 TYPE (I)
MISSING= 0
- V19. D18, H.F-CRYO
CARD 2 COLUMNS 43 - 48 TYPE (I)
MISSING= 0
- V20. D19, H.G-LEUKO. FREE PC
CARD 2 COLUMNS 49 - 54 TYPE (I)
MISSING= 0
- V21. D20, H.G-MISC.
CARD 2 COLUMNS 55 - 60 TYPE (I)
MISSING= 0

118

IR SYSTEM 1.1
FILE REGBLUD RECORD 7 DETAILED LIST

- RECORD TYPE 7

THIS RECORD CONSISTS OF DATA ON INVENTORY CONTROL HOSPITALS FOR COMMUNITY CENTERS. THIS CORRESPONDS TO HEADING IV.F ON THE COMMUNITY CENTER QUESTIONNAIRE. THIS RECORD IS SORTED BY LOCATION OF THE HOSPITAL (INVC) AND BY YEAR INDEX(YEAR) THIS RECORD REQUIRES 1 DATA CARD.

MAXIMUM OF THIS RECORD TYPE PER CASE 90
NUMBER OF RECORDS OF THIS TYPE ON DATA FILE 273
NUMBER OF CARDS IN DATA RECORD 1

SORT IDENTIFIER 1 - INVC
SORT IDENTIFIER 2 - YEAR

1. IDNUM,
COLUMNS 3 - 5 TYPE (I)
11. INVC,
COLUMNS 6 - 8 TYPE (I)
12. YEAR,
COLUMN 9 TYPE (I)
13. DB1, F.A-WHOLE BLOOD
COLUMNS 10 - 15 TYPE (I)
MISSING= BLANK
14. DB2, F.B.1-REGULAR PRC
COLUMNS 16 - 21 TYPE (I)
MISSING= BLANK
15. DB3, F.B.2-FROZEN PRC
COLUMNS 22 - 27 TYPE (I)
MISSING= BLANK
16. DB4, F.B.2-WASHED PRC
COLUMNS 28 - 33 TYPE (I)
MISSING= BLANK
17. DB5, F.C-PL CONCENTRATES
COLUMNS 34 - 39 TYPE (I)
MISSING= BLANK
18. DB6, F.D-FRESH FROZEN PLASMA
COLUMNS 40 - 45 TYPE (I)
MISSING= BLANK
19. DB7, F.E-PL RICH PLASMA
COLUMNS 46 - 51 TYPE (I)
MISSING= BLANK

S I R S Y S T E M 1 . 1
FILE REGBLUD RECORD 7 DETAILED LIST

- v10. DB8, F.G-CRYD
COLUMNS 52 - 57 TYPE (I)
MISSING= BLANK
- v11. DB9, F.G-LEUKD. FREE PC
COLUMNS 58 - 63 TYPE (I)
MISSING= BLANK
- v12. DB10, F.G-MISC.
COLUMNS 64 - 69 TYPE (I)
MISSING= BLANK

100

IR SYSTEM 1.1
FILE REGBLD RECD & DETAILED LIST

RECORD TYPE 8

THIS RECORD CONSISTS OF DATA FOR SUPPLEMENTAL
SUPPLIERS OF COMMUNITY BLOOD CENTERS (IN GMC).
THE DATA CONTAINED HERE CORRESPONDS TO HEADING
IV.G IN THE COMMUNITY CENTER QUESTIONNAIRE. THIS
RECORD IS SORTED BY THE IDENTIFICATION NUMBER FOR
THE SUPPLIER(SUPS) AND YEAR INDEX(YEAR).
THIS RECORD REQUIRES 1 DATA CARDS.

MAXIMUM OF THIS RECORD TYPE PER CASE 60
NUMBER OF RECORDS OF THIS TYPE ON DATA FILE 87
NUMBER OF CARDS IN DATA RECORD 1

ORT IDENTIFIER 1 - SUPS
ORT IDENTIFIER 2 - YEAR

1. ICDUM,
COLUMNS 3 - 5 TYPE (I)
1. SUPS,
COLUMNS 6 - 8 TYPE (I)
2. YEAR,
COLUMN 9 TYPE (I)
3. DC1, G.A-WHOLE BLOOD
COLUMNS 10 - 15 TYPE (I)
MISSING= BLANK
4. DC2, G.A.1 REGULAR PRC
COLUMNS 16 - 21 TYPE (I)
MISSING= BLANK
5. DC3, G.B.2- FROZEN PRC
COLUMNS 22 - 27 TYPE (I)
MISSING= BLANK
6. DC4, G.B.3-WASHED PRC
COLUMNS 28 - 33 TYPE (I)
MISSING= BLANK
7. DC5, G.C-PL CONCENTRATE
COLUMNS 34 - 39 TYPE (I)
MISSING= BLANK
8. DC6, G.D-FRESH FROZEN PLASMA
COLUMNS 40 - 45 TYPE (I)
MISSING= BLANK
9. DC7, G.E-PL RICH PLASMA
COLUMN 46 - 51 TYPE (I)
MISSING= BLANK

S I R S Y S T E M 1 . 1
FILE REG BLOD RECORD & DETAILED LIST

- V10. DC8, G.F-CRYG
COLUMNS 52 - 57 TYPE (I)
MISSING= BLANK
- V11. DC9, G.G-LEUKO. FREE PC
COLUMNS 58 - 63 TYPE (I)
MISSING= BLANK
- V12. DC10, G.G-MISC.
COLUMNS 64 - 69 TYPE (I)
MISSING= BLANK

122

IR SYSTEM 1.1
FILE REGBL00 RECORD 9 DETAILED LIST

- RECORD TYPE 9

THIS RECORD CONTAINS INFORMATION ABOUT THE INVENTORY CONTROL HOSPITALS FOR THE NATIONAL CENTERS. THE RECORD IS SORTED BY BRANCH AND THEN BY INVENTORY CONTROL HOSPITAL SERVED BY THE BRANCH. LOCATIONS WERE FOUND USING A COORDINATE SYSTEM AND THE COORDINATES INDICATE TENTHS OF MILES FROM THE ORIGIN. ALL LOCATIONS HAVE POSITIVE COORDINATES SINCE THE ORIGIN WAS LOCATED OUTSIDE THE REGION.

MAXIMUM OF THIS RECORD TYPE PER CASE 250
NUMBER OF RECORDS OF THIS TYPE ON DATA FILE 465
NUMBER OF CARDS IN DATA RECORD 1

ORT IDENTIFIER 1 - BRANCH
ORT IDENTIFIER 2 - INVC

1. IDNUM,
COLUMNS 3 - 5 TYPE (I)
1. BRANCH,
COLUMNS 6 - 8 TYPE (I)
2. INVC,
COLUMNS 9 - 11 TYPE (I)
3. DBB1, NAME OR TOWN
COLUMNS 12 - 31 TYPE (A)
MISSING= BLANK
14. DBB2, N-S COORDINATE
COLUMNS 32 - 37 TYPE (I)
MISSING= BLANK
15. DBB3, E-W COORDINATE
COLUMNS 38 - 43 TYPE (I)
MISSING= BLANK

-- RECORD TYPE 10

THIS RECORD CONSISTS OF SUPPLEMENTAL SUPPLIERS FOR NATIONAL CENTERS. THIS CORRESPONDS TO HEADING IV.G ON THE NATIONAL QUESTIONNAIRE. THE RECORD IS SORTED BY THE YEAR INDEX(YEAR).

MAXIMUM OF THIS RECORD TYPE PER CASE 3
NUMBER OF RECORDS OF THIS TYPE ON DATA FILE 12
NUMBER OF CARDS IN DATA RECORD 1

SORT IDENTIFIER 1 - YEAR

- V1. IENUM, G.A-WHOLE BLOOD
 COLUMNS 3 - 5 TYPE (I)
- V2. YEAR, G.A-WHOLE BLOOD
 COLUMN 6 TYPE (I)
- V3. DCC1, G.B.1-REGULAR PRC
 COLUMNS 7 - 12 TYPE (I)
 MISSING= BLANK
- V4. DCC2, G.B.1-REGULAR PRC
 COLUMNS 13 - 18 TYPE (I)
 MISSING= BLANK
- V5. DCC3, G.B.2-FROZEN PRC
 COLUMNS 19 - 24 TYPE (I)
 MISSING= BLANK
- V6. DCC4, G.B.3-WASHED PRC
 COLUMNS 25 - 30 TYPE (I)
 MISSING= BLANK
- V7. DCC5, G.C-PL CONCENTRATES
 COLUMNS 31 - 36 TYPE (I)
 MISSING= BLANK
- V8. DCC6, G.D-FRESH FROZEN
 COLUMNS 37 - 42 TYPE (I)
 MISSING= BLANK
- V9. DCC7, G.E-PL RICH PLASMA
 COLUMNS 43 - 48 TYPE (I)
 MISSING= BLANK
- V10. DCC8, G.F-CRYO
 COLUMNS 49 - 54 TYPE (I)
 MISSING= BLANK

PLASMA

I R S Y S T E M 1 . 1
FILE REGBLDD RECORD TO DETAILED LIST

- 10. DCC9, G.G-LEUKO FREE PC
COLUMNS 55 - 60 TYPE (I)
MISSING= BLANK
- 11. DCC10, G.G-MISC.
COLUMNS 61 - 66 TYPE (I)
MISSING= BLANK

S I R S Y S T E M 1 . 1
 FILE REGBLDG RECORD 11 DETAILED LIST

-- RECORD TYPE 11

THIS RECORD CONSISTS OF DATA FOR EXPENSES AT THE
 COMMUNITY CENTERS IN GMC. THIS CORRESPONDS TO
 HEADING V IN THE COMMUNITY CENTER QUESTIONNAIRE.
 THE RECORD IS SORTED BY THE YEAR INDEX. THE RECORD
 REQUIRES 10 DATA CARDS.

MAXIMUM OF THIS RECORD TYPE PER CASE 3
 NUMBER OF RECORDS OF THIS TYPE ON DATA FILE 21
 NUMBER OF CARDS IN DATA RECORD 10

PORT IDENTIFIER 1 - YEAR

- V1. IDNUM,
 CARD 1 COLUMNS 3 - 5 TYPE (I)
- V1. YEAR,
 CARD 1 COLUMN 6 TYPE (I)
- V2. E1, A.1-SALARIES
 CARD 1 COLUMNS 7 - 14 TYPE (I)
 MISSING= BLANK
- V3. E2, A.2-BENEFITS
 CARD 1 COLUMNS 15 - 22 TYPE (I)
 MISSING= BLANK
- V4. E3, A.3-FICA
 CARD 1 COLUMNS 23 - 30 TYPE (I)
 MISSING= BLANK
- V5. E4, A.4- RENT
 CARD 1 COLUMNS 31 - 38 TYPE (I)
 MISSING= BLANK
- V6. E5, A.5-RECRUITING MATERIALS
- V7. E6, A.6-PURCHASED SERVICES
 CARD 1 COLUMNS 47 - 54 TYPE (I)
 MISSING= BLANK
- V8. E7, A.7-ALL OTHER COSTS
 CARD 1 COLUMNS 55 - 62 TYPE (I)
 MISSING= BLANK
- V9. E8, A.8-TOTAL
 CARD 2 COLUMNS 1 - 8 TYPE (I)
 MISSING= BLANK

IR SYSTEM 1.1
FILE REGBLOD RECCRD 11 DETAILED LIST

- 10. E9, B.1-SALARIES
CARD 2 COLUMNS 9 - 16 TYPE (I)
MISSING= BLANK
- 11. E10, B.2-BENEFITS
CARD 2 COLUMNS 17 - 24 TYPE (I)
MISSING= BLANK
- 12. E11, B.3-FICA
CARD 2 COLUMNS 25 - 32 TYPE (I)
MISSING= BLANK
- 13. E12, B.
CARD 2 COLUMNS 33 - 40 TYPE (I)
MISSING= BLANK
- 14. E13, B.5-RENT
CARD 2 COLUMNS 41 - 48 TYPE (I)
MISSING= BLANK
- 15. E14, B.6-BLOOD
CARD 2 COLUMNS 49 - 56 TYPE (I)
MISSING= BLANK
- 16. E15, B.7-SUPPLIES
CARD 3 COLUMNS 1 - 8 TYPE (I)
MISSING= BLANK
- 17. E16, B.8-OTHER COSTS
CARD 3 COLUMNS 9 - 16 TYPE (I)
MISSING= BLANK
- 18. E17, B.9-
CARD 3 COLUMNS 17 - 24 TYPE (I)
MISSING= BLANK
- 19. E18, C.1-BLOOD BAGS
CARD 3 COLUMNS 25 - 32 TYPE (I)
MISSING= BLANK
- 20. E19, C.2-HOSP. DRAWING FEES
CARD 3 COLUMNS 33 - 40 TYPE (I)
MISSING= BLANK
- 21. E20, C.3-OTHERS
CARD 3 COLUMNS 41 - 48 TYPE (I)
MISSING= BLANK
- 22. E21, C.4-TOTAL
CARD 3 COLUMNS 49 - 56 TYPE (I)
MISSING= BLANK
- 23. E22, D.1-SALARIES
CARD 4 COLUMNS 1 - 8 TYPE (I)
MISSING= BLANK

4-REPAIR AND MAINTENANCE

BAGS

TOTAL

S I R S Y S T E M 1 . 1
FILE REGBLOD RECORD 11 DETAILED LIST

- V24. E23, D.2-BENEFITS
CARD 4 COLUMNS 9 - 16 TYPE (I)
MISSING= BLANK
- V25. E24, D.3-FICA
CARD 4 COLUMNS 17 - 24 TYPE (I)
MISSING= BLANK
- V26. E25, D.5-VAN LEASE AND INS.
CARD 4 COLUMNS 25 - 32 TYPE (I)
MISSING= BLANK
- V27. E26, D.6-BLOOD BAGS
CARD 4 COLUMNS 33 - 40 TYPE (I)
MISSING= BLANK
- V28. E27, D.7-SUPPLIES
CARD 4 COLUMNS 41 - 48 TYPE (I)
MISSING= BLANK
- V29. E28, D.8-GAS AND OIL
CARD 4 COLUMNS 49 - 56 TYPE (I)
MISSING= BLANK
- V30. E29,
CARD 5 COLUMNS 1 - 8 TYPE (I)
MISSING= BLANK
- V31. E30, D.9-OTHER
CARD 5 COLUMNS 9 - 16 TYPE (I)
MISSING= BLANK
- V32. E31, D.11-TOTAL
CARD 5 COLUMNS 17 - 24 TYPE (I)
MISSING= BLANK
- V33. E32, E.1-SALARIES
CARD 5 COLUMNS 25 - 32 TYPE (I)
MISSING= BLANK
- V34. E33, E.2-BENEFITS
CARD 5 COLUMNS 33 - 40 TYPE (I)
MISSING= BLANK
- V35. E34, E.3-FICA
CARD 5 COLUMNS 41 - 48 TYPE (I)
MISSING= BLANK
- V36. E35, E.4-RENT
CARD 5 COLUMNS 49 - 56 TYPE (I)
MISSING= BLANK
- V37. E36, E.5-AMORTIZATION OF
CARD 6 COLUMNS 1 - 8 TYPE (I)
MISSING= BLANK

LEASE

I R S Y S T E M 1 . 1
FILE REG BLOD RECORD 11 DETAILED LIST

- 38. E37, E.6-SUPPLIES
CARD 6 COLUMNS 9 - 16 TYPE (I)
MISSING= BLANK
- 39. E38, E.7-OTHER COSTS
CARD 6 COLUMNS 17 - 24 TYPE (I)
MISSING= BLANK
- 40. E39, E.8-
CARD 6 COLUMNS 25 - 32 TYPE (I)
MISSING= BLANK
- 41. E40, F.1-SALARIES
CARD 6 COLUMNS 33 - 40 TYPE (I)
MISSING= BLANK
- 42. E41, F.2-BENEFITS
CARD 6 COLUMNS 41 - 48 TYPE (I)
MISSING= BLANK
- 43. E42, F.3-FICA
CARD 6 COLUMNS 49 - 56 TYPE (I)
MISSING= BLANK
- 44. E43, F.4-VEHICLE DEPRECIATION
CARD 7 COLUMNS 1 - 8 TYPE (I)
MISSING= BLANK
- 45. E44, F.5-GAS AND OIL
CARD 7 COLUMNS 9 - 16 TYPE (I)
MISSING= BLANK
- 46. E45, F.6-CAB FARES, MILE., TOLLS
CARD 7 COLUMNS 17 - 24 TYPE (I)
MISSING= BLANK
- 47. E46, F.7-OTHER COSTS
CARD 7 COLUMNS 25 - 32 TYPE (I)
MISSING= BLANK
- 48. E47, F.8-TOTAL
CARD 7 COLUMNS 33 - 40 TYPE (I)
MISSING= BLANK
- 49. E48, G.1-SALARIES
CARD 7 COLUMNS 41 - 48 TYPE (I)
MISSING= BLANK
- 50. E49, G.2-MED DIR WAGES
CARD 7 COLUMNS 49 - 56 TYPE (I)
MISSING= BLANK
- 51. E50, G.3-BENEFITS
CARD 8 COLUMNS 1 - 8 TYPE (I)
MISSING= BLANK

TOTAL

S I R S Y S T E M 1 . 1
FILE REGBLDD RECORD IS DETAILED LIST

- V52. E01, G.4-FICA
CARD 8 COLUMNS 9 - 16 TYPE (I)
MISSING= BLANK
- V53. E02, G.5-UNEMPLOYMENT TAXES
CARD 8 COLUMNS 17 - 24 TYPE (I)
MISSING= BLANK
- V54. E03, G.6-RENT
CARD 8 COLUMNS 25 - 32 TYPE (I)
MISSING= BLANK
- V55. E04, G.7-AMORTIZATION OF LEASE
CARD 8 COLUMNS 33 - 40 TYPE (I)
MISSING= BLANK
- V56. E05, G.8-TELEPHONE
CARD 8 COLUMNS 41 - 48 TYPE (I)
MISSING= BLANK
- V57. E06, G.9-SUPPLIES
CARD 8 COLUMNS 49 - 56 TYPE (I)
MISSING= BLANK
- V58. E07, G.10-INTEREST
CARD 9 COLUMNS 1 - 8 TYPE (I)
MISSING= BLANK
- V59. E08, G.11-LEGAL AND AUDIT
CARD 9 COLUMNS 9 - 16 TYPE (I)
MISSING= BLANK
- V60. E09, G.12-PROMOTION, PR
CARD 9 COLUMNS 17 - 24 TYPE (I)
MISSING= BLANK
- V61. E00, G.13-INSURANCE
CARD 9 COLUMNS 25 - 32 TYPE (I)
MISSING= BLANK
- V62. E01, G.15- TOTAL
CARD 9 COLUMNS 33 - 40 TYPE (I)
MISSING= BLANK
- V63. E02,
CARD 9 COLUMNS 41 - 48 TYPE (I)
MISSING= BLANK
- V64. E03, H-NATIONAL
CARD 9 COLUMNS 49 - 56 TYPE (I)
MISSING= BLANK
- V65. E04, H-NATIONAL
CARD 1, COLUMNS 1 - 8 TYPE (I)
MISSING= BLANK

IR SYSTEM 1.1
FILE REGBLOD RECORD 11 DETAILED LIST

- 06. E00, H-NATIONAL
CARD 10 COLUMNS 9 - 16 TYPE (I)
MISSING= BLANK
- 07. E00, H-NATIONAL
CARD 10 COLUMNS 17 - 24 TYPE (I)
MISSING= BLANK
- 08. E07, H-NATIONAL
CARD 10 COLUMNS 25 - 32 TYPE (I)
MISSING= BLANK
- 09. E00, H-NATIONAL
CARD 10 COLUMNS 33 - 40 TYPE (I)
MISSING= BLANK

S I R S Y S T E M 1 . 1
FILE REGBLUD RECORD 12 DETAILED LIST

-- RECORD TYPE 12

THIS RECORD CONTAINS BASIC INFORMATION DATA FOR DELIVERY OF BLOOD FROM COMMUNITY CENTERS TO NON INVENTORY CONTROL HOSPITALS. THIS CORRESPONDS TO HEADINGS VI.D AND VI.E. THE REMAINDER OF HEADING VI APPEARS IN RECORD TYPES 13(PARTS A THRU C) AND 14 (PART F). ONLY 1 DATA CARD IS REQUIRED.

MAXIMUM OF THIS RECORD TYPE PER CASE 1
NUMBER OF RECORDS OF THIS TYPE ON DATA FILE 7
NUMBER OF CARDS IN DATA RECORD 1

V1. IDNUM, D.1-WHO RECORDS OUTDATING
COLUMNS 3 - 5 TYPE (I)

V1. FA1, D.1-WHO RECORDS OUTDATING
COLUMN 6 TYPE (I)
MISSING= BLANK

1 = HOSPITAL

2 = COMMUNITY CENTER

V2. FA2, E.1-PAY FOR TRANS. UNITS
COLUMN 7 TYPE (I)
MISSING= BLANK

1 = WB-PRC

2 = COMP.

3 = ALL

V3. FA3, E.2-PAY FOR ALL
COLUMN 8 TYPE (I)
MISSING= BLANK

1 = WB-PRC

2 = COMP.

3 = ALL

V4. FA4, E.3-PAY FOR EACH DAY HELD
COLUMN 9 TYPE (I)
MISSING= BLANK

1 = WB-PRC

2 = COMP.

3 = ALL

V5. FA5, E.4-OTHER
COLUMN 10 TYPE (I)
MISSING= BLANK

1 = WB-PRC

2 = COMP.

3 = ALL

V6. FA6, E.4-OTHER
COLUMN 11 TYPE (I)
MISSING= BLANK

I R S Y S T E M 1.1
ILE REGBLDD RECCRD 12 DETAILED LIST

1 = #B-PKC
3 = ALL

2 = COMP.

7. FA7, E.4-OTHER
COLUMN 12 TYPE (I)
MISSING= BLANK

1 = #B-PKC
3 = ALL

2 = COMP.

S I R ' S Y S T E M 1 . 1
FILE REGBLOD RECORD 13 DETAILED LIST

-- RECORD TYPE 13

THIS RECORD CONSISTS OF DATA FOR BLOOD AND COMPONENTS DELIVERED OUTSIDE THE REGION SERVICED BY A NATIONAL OR COMMUNITY CENTER. THE DATA APPEARS UNDER HEADINGS VIA THRU VIC ON COMMUNITY QUESTIONNAIRES AND ONLY VA ON NATIONAL QUESTIONNAIRES. THE RECORDS ARE SORTED BY YEAR INDEX (YEAR). THIS RECORD REQUIRES 4 DATA CARDS.

MAXIMUM OF THIS RECORD TYPE PER CASE 3
NUMBER OF RECORDS OF THIS TYPE ON DATA FILE 33
NUMBER OF CARDS IN DATA RECORD 4

SORT IDENTIFIER 1 - YEAR

- v1. IDNUM,
CARD 1 COLUMNS 3 - 5 TYPE (I)
- v1. YEAR,
CARD 1 COLUMN 6 TYPE (I)
- v2. F1, A.1-WHOLE BLOOD
CARD 1 COLUMNS 7 - 12 TYPE (I)
MISSING= BLANK
- v3. F2, A.2.A-REGULAR PRC
CARD 1 COLUMNS 13 - 18 TYPE (I)
MISSING= BLANK
- v4. F3, A.2.B- FROZEN PRC
CARD 1 COLUMNS 19 - 24 TYPE (I)
MISSING= BLANK
- v5. F4, A.2.C-WASHED PRC
CARD 1 COLUMNS 25 - 30 TYPE (I)
MISSING= BLANK
- v6. F5, A.3-PL CONCENTRATES
CARD 1 COLUMNS 31 - 36 TYPE (I)
MISSING= BLANK
- v7. F6, A.4-FRESH FROZEN PLASMA
CARD 1 COLUMNS 37 - 42 TYPE (I)
MISSING= BLANK
- v8. F7, A.5-PL RICH PLASMA
CARD 1 COLUMNS 43 - 48 TYPE (I)
MISSING= BLANK
- v9. F8, A.6-CRYO
CARD 1 COLUMNS 49 - 54 TYPE (I)
MISSING= BLANK

IR SYSTEM 1.1
 ILE REG BLOOD RECORD IS DETAILED LIST

- | | | | |
|-----|------|-------------------------|---------------|
| 10. | F9, | A.7-LEUKO FREE PC | |
| | | CARD 1 COLUMNS 55 - 60 | TYPE (I) |
| | | MISSING= BLANK | |
| 11. | F10, | A.7 | LEUKO CONCEN. |
| | | CARD 1 COLUMNS 61 - 66 | TYPE (I) |
| | | MISSING= BLANK | |
| 12. | F11, | A.7-SINGLE DONOR PLASMA | |
| | | CARD 1 COLUMNS 67 - 72 | TYPE (I) |
| | | MISSING= BLANK | |
| 13. | F12, | A.7-MISC. | |
| | | CARD 2 COLUMNS 1 - 6 | TYPE (I) |
| | | MISSING= BLANK | |
| 14. | F13, | B.1-WHOLE BLOOD | |
| | | CARD 2 COLUMNS 7 - 12 | TYPE (I) |
| | | MISSING= BLANK | |
| 15. | F14, | B.2.A-REGULAR PRC | |
| | | CARD 2 COLUMNS 13 - 18 | TYPE (I) |
| | | MISSING= BLANK | |
| 16. | F15, | B.2.B-FROZEN PRC | |
| | | CARD 2 COLUMNS 19 - 24 | TYPE (I) |
| | | MISSING= BLANK | |
| 17. | F16, | B.2.C- | WASHED PRC |
| | | CARD 2 COLUMNS 25 - 30 | TYPE (I) |
| | | MISSING= BLANK | |
| 18. | F17, | B.3-PL CONCENTRATES | |
| | | CARD 2 COLUMNS 31 - 36 | TYPE (I) |
| | | MISSING= BLANK | |
| 19. | F18, | B.4-FRESH | FROZEN PLASMA |
| | | CARD 2 COLUMNS 37 - 42 | TYPE (I) |
| | | MISSING= BLANK | |
| 20. | F19, | B.5-PL RICH PLASMA | |
| | | CARD 2 COLUMNS 43 - 48 | TYPE (I) |
| | | MISSING= BLANK | |
| 21. | F20, | B.6-CRYO | |
| | | CARD 2 COLUMNS 49 - 54 | TYPE (I) |
| | | MISSING= BLANK | |
| 22. | F21, | B.7-LEUKO FREE PC | |
| | | CARD 2 COLUMNS 55 - 60 | TYPE (I) |
| | | MISSING= BLANK | |
| 23. | F22, | B.7-LEUKO CONC. | |
| | | CARD 2 COLUMNS 61 - 66 | TYPE (I) |
| | | MISSING= BLANK | |

S I R S Y S T E M 1 . 1
FILE REGBLUD RECORD 13 DETAILED LIST

V24.	F23,	B.7-	SINGLE DONOR PLASMA
		CARD 3 COLUMNS 1 - 6 TYPE (I)	
		MISSING= BLANK	
V25.	F24,	B.7-	
		MISC.	
		CARD 3 COLUMNS 7 - 12 TYPE (I)	
		MISSING= BLANK	
V26.	F25,	C.1-WHOLE BLOOD	
		CARD 3 COLUMNS 13 - 18 TYPE (I)	
		MISSING= BLANK	
V27.	F26,	C.2.A-REGULAR PRC	
		CARD 3 COLUMNS 19 - 24 TYPE (I)	
		MISSING= BLANK	
V28.	F27,	C.2.B-FROZEN PRC	
		CARD 3 COLUMNS 25 - 30 TYPE (I)	
		MISSING= BLANK	
V29.	F28,	C.2.C-WASHED PRC	
		CARD 3 COLUMNS 31 - 36 TYPE (I)	
		MISSING= BLANK	
V30.	F29,	C.3-PL	CONCENTRATES
		CARD 3 COLUMNS 37 - 42 TYPE (I)	
		MISSING= BLANK	
V31.	F30,	C.4-FRESH FROZEN PLASMA	
		CARD 3 COLUMNS 43 - 48 TYPE (I)	
		MISSING= BLANK	
V32.	F31,	C.5-PL	RICH PLASMA
		CARD 3 COLUMNS 49 - 54 TYPE (I)	
		MISSING= BLANK	
V33.	F32,	C.6-CRYO	
		CARD 3 COLUMNS 55 - 60 TYPE (I)	
		MISSING= BLANK	
V34.	F33,	C.7-LEUKO FREE PC	
		CARD 3 COLUMNS 61 - 66 TYPE (I)	
		MISSING= BLANK	
V35.	F34,	C	LEUKO CONC.
		CARD 4 COLUMNS 1 - 6 TYPE (I)	
		MISSING= BLANK	
V36.	F35,	C.7-SINGLE DONOR PLASMA	
		CARD 4 COLUMNS 7 - 12 TYPE (I)	
		MISSING= BLANK	

I R S Y S T E M 1 . 1
FILE REGBLDD RECORD IS DETAILED LIST

37. F36, C.7-MISC
CARD 4 COLUMNS 13 - 18 TYPE (I)
MISSING= BLANK

S I R S Y S T E M 1 . 1
FILE REG BLOOD RECORD 14 DETAILED LIST

- RECORD TYPE 14

THIS RECORD CONTAINS DATA FOR UNITS SHIPPED TO
NONINVENTORY CONTROLLED HOSPITALS FROM COMMUNITY
CENTERS. THIS CORRESPONDS TO HEADING VIF ON THE
COMMUNITY FORM. THE RECORD IS SORTED BY THE
IDENTIFICATION NUMBER OF THE NONINVENTORY CONTROLLED
HOSPITAL(NONINC) AND THEN BY YEAR INDEX(YEAR). THE
RECORD REQUIRES 2 DATA CARDS.

MAXIMUM OF THIS RECORD TYPE PER CASE 120
NUMBER OF RECORDS OF THIS TYPE ON DATA FILE 195
NUMBER OF CARDS IN DATA RECORD 1

SORT IDENTIFIER 1 - NONINC
SORT IDENTIFIER 2 - YEAR

C1. IDNUM,
COLUMNS 3 - 5 TYPE (I)

V1. NONINC,
COLUMNS 6 - 8 TYPE (I)

V2. YEAR,
COLUMN 9 TYPE (I)

V3. FB1, F.A-WHOLE BLOOD
COLUMNS 10 - 15 TYPE (I)
MISSING= BLANK

V4. FB2, F.B.1-REGULAR PRC
COLUMNS 16 - 21 TYPE (I)
MISSING= BLANK

V5. FB3, F.B.2- FROZEN PRC
COLUMNS 22 - 27 TYPE (I)
MISSING= BLANK

V6. FB4, F.B.3-WASHED PRC
COLUMNS 28 - 33 TYPE (I)
MISSING= BLANK

V7. FB5, F.C-PL CONCENTRATES
COLUMNS 34 - 39 TYPE (I)
MISSING= BLANK

V8. FB6, F.D-FRESH FROZEN PLASMA
COLUMNS 40 - 45 TYPE (I)
MISSING= BLANK

V9. FB7, F.E-PL RICH PLASMA
COLUMNS 46 - 51 TYPE (I)
MISSING= BLANK

I R S Y S T E M 1 . 1
LE REGBLDD RECORD 14 DETAILED LIST

10. FB8, F.F-CRYD
COLUMNS 52 - 57 TYPE (I)
MISSING= BLANK
11. FB9, F.G-LEUKD FREE PC
COLUMNS 58 - 63 TYPE (I)
MISSING= BLANK
12. FB10, F.G-MISC.
COLUMNS 64 - 69 TYPE (I)
MISSING= BLANK

I R S Y S T E M 1 . 1
LE REGBLD RECCO 15 DETAILED LIST

9. G9, B.8-BLOOD
CARD 1 COLUMNS 63 - 70 TYPE (I)
MISSING= BLANK
10. G10, B.9-SUPPLY SROTAGE
CARD 2 COLUMNS 1 - 8 TYPE (I)
MISSING= BLANK
11. G11, B.10-EXPANSION
CARD 2 COLUMNS 9 - 16 TYPE (I)
MISSING= BLANK
12. G12, BLDG. EQUIP.
CARD 2 COLUMNS 17 - 24 TYPE (I)
MISSING= BLANK
13. G13, REFRESHMENT
CARD 2 COLUMNS 25 - 32 TYPE (I)
MISSING= BLANK
14. G14, LOBBY
CARD 2 COLUMNS 33 - 40 TYPE (I)
MISSING= BLANK
15. G15, OTHER
CARD 2 COLUMNS 41 - 48 TYPE (I)
MISSING= BLANK
16. G16, OTHER
CARD 2 COLUMNS 49 - 56 TYPE (I)
MISSING= BLANK
17. G17, C-NO. BEDS
CARD 2 COLUMNS 57 - 64 TYPE (I)
MISSING= BLANK

STORAGE

CAPACITY

S I R S Y S T E M 1 . 1
FILE REG BLOOD RECORD 16 DETAILED LIST

-- RECORD TYPE 16

THIS RECORD CONSISTS OF DATA FOR SATELLITE FACILITIES. THE DATA CORRESPONDS TO HEADING VII ON THE NATIONAL QUESTIONNAIRE AND HEADING IX ON COMMUNITY FORM. THE RECORD IS SORTED ACCORDING TO THE LOCATION IDENTIFICATION KEY(FACLOC).3 DATA CARDS ARE REQUIRED.

MAXIMUM OF THIS RECORD TYPE PER CASE 20
NUMBER OF RECORDS OF THIS TYPE ON DATA FILE 21
NUMBER OF CARDS IN DATA RECORD 2

SORT IDENTIFIER 1 - FACLOC

- v1. IDNUM,
CARD 1 COLUMNS 3 - 5 TYPE (I)
- v1. FACLOC,
CARD 1 COLUMNS 6 - 8 TYPE (I)
- v2. H1, B.1-PROCESSING
CARD 1 COLUMNS 9 - 16 TYPE (I)
MISSING= BLANK
- v3. H2, B.2-DONOR RECRUITMENT
CARD 1 COLUMNS 17 - 24 TYPE (I)
MISSING= BLANK
- v4. H3, B.3-FHLEB AND SCREENING
CARD 1 COLUMNS 25 - 32 TYPE (I)
MISSING= BLANK
- v5. H4, B.4-INV CONTROL
CARD 1 COLUMNS 33 - 40 TYPE (I)
MISSING= BLANK
- v6. H5, B.5-ADMINISTRATION
CARD 1 COLUMNS 41 - 48 TYPE (I)
MISSING= BLANK
- v7. H6, B.6-EDUCATION
CARD 1 COLUMNS 49 - 56 TYPE (I)
MISSING= BLANK
- v8. H7, B.7- RESEARCH
CARD 1 COLUMNS 57 - 64 TYPE (I)
MISSING= BLANK
- v9. H8, B.8-BLOOD STORAGE
CARD 1 COLUMNS 65 - 72 TYPE (I)
MISSING= BLANK

I R S Y S T E M 1 . 1
FILE REGBLDD RECORD 10 DETAILED LIST

10. H9, 8.9-SUPPLY STORAGE
 CARD 2 COLUMNS 1 - 8 TYPE (I)
 MISSING= BLANK
11. H10, 8.10-EXPANSION CAPACITY
 CARD 2 COLUMNS 9 - 10 TYPE (I)
 MISSING= BLANK
12. H11, BLDG. EQUIP.
 CARD 2 COLUMNS 17 - 24 TYPE (I)
 MISSING= BLANK
13. H12, 8.11-REFRESHMENT
 CARD 2 COLUMNS 25 - 32 TYPE (I)
 MISSING= BLANK
14. H13, LOBBY
 CARD 2 COLUMNS 33 - 40 TYPE (I)
 MISSING= BLANK
15. H14, OTHER
 CARD 2 COLUMNS 41 - 48 TYPE (I)
 MISSING= BLANK
16. H15, OTHER
 CARD 2 COLUMNS 49 - 56 TYPE (I)
 MISSING= BLANK

S I R S Y S T E M 1 . 1
FILE REGBL00 RECORD 17 DETAILED LIST

-- RECORD TYPE 17

THIS RECORD CONSISTS OF DATA PERTAINING TO DELIVERY AND ROUTING PROCEDURES FOR COMMUNITY AND NATIONAL CENTERS. THIS DATA CORRESPONDS TO HEADING X ON THE COMMUNITY QUESTIONNAIRE AND HEADING VIII ON THE NATIONAL QUESTIONNAIRE. 3 CARDS ARE REQUIRED TO COMPLETE THE RECORD.

MAXIMUM OF THIS RECORD TYPE PER CASE 1
NUMBER OF CARDS IN DATA RECORD 9

- V1. IDNUM,
CARD 1 COLUMNS 3 - 5 TYPE (I)
- V1. J1, ROUTINE ORDERS(HRS)
CARD 1 COLUMNS 6 - 11 TYPE (F6.2)
MISSING= BLANK
- V2. J2, EMERGENCY ORDERS(MIN)
CARD 1 COLUMNS 12 - 17 TYPE (F6.2)
MISSING= BLANK
- V3. J3, ROUTES
CARD 1 COLUMNS 18 - 23 TYPE (I)
MISSING= BLANK
- V4. J4, HOSPS RT1
CARD 2 COLUMNS 1 - 6 TYPE (I)
MISSING= BLANK
- V5. J5, TIMES PER WK RT1
CARD 2 COLUMNS 7 - 12 TYPE (I)
MISSING= BLANK
- V6. J6, MILES RT 1
CARD 2 COLUMNS 13 - 18 TYPE (I)
MISSING= BLANK
- V7. J7, HOSPS RT2
CARD 2 COLUMNS 19 - 24 TYPE (I)
MISSING= BLANK
- V8. J8, TIMES PER WK RT2
CARD 2 COLUMNS 25 - 30 TYPE (I)
MISSING= BLANK
- V9. J9, MILES RT2
CARD 2 COLUMNS 31 - 36 TYPE (I)
MISSING= BLANK
- V10. J10, HOSPS RT3
CARD 2 COLUMNS 37 - 42 TYPE (I)
MISSING= BLANK

I R S Y S T E M 1 . 1
LE REGBL0D RECCRD L7 DETAILED LIST

1. J11, TIMES PER WK RT3
CARD 2 COLUMNS 43 - 48 TYPE (I)
MISSING= BLANK
2. J12, MILES RT3
CARD 2 COLUMNS 49 - 54 TYPE (I)
MISSING= BLANK
3. J13, HOSPS RT4
CARD 2 COLUMNS 55 - 60 TYPE (I)
MISSING= BLANK
14. J14, TIMES PER WK RT4
CARD 2 COLUMNS 61 - 66 TYPE (I)
MISSING= BLANK
15. J15, MILES RT4
CARD 2 COLUMNS 67 - 72 TYPE (I)
MISSING= BLANK
16. J16, HOSPS RT5
CARD 3 COLUMNS 1 - 6 TYPE (I)
MISSING= BLANK
17. J17, TIMES PER WK RT5
CARD 3 COLUMNS 7 - 12 TYPE (I)
MISSING= BLANK
18. J18, MILES RT5
CARD 3 COLUMNS 13 - 18 TYPE (I)
MISSING= BLANK
19. J19, HOSPS RT6
CARD 3 COLUMNS 19 - 24 TYPE (I)
MISSING= BLANK
20. J20, TIMES PER WK RT6
CARD 3 COLUMNS 25 - 30 TYPE (I)
MISSING= BLANK
21. J21, MILES RT6
CARD 3 COLUMNS 31 - 36 TYPE (I)
MISSING= BLANK
22. J22, HOSPS RT7
CARD 3 COLUMNS 37 - 42 TYPE (I)
MISSING= BLANK
23. J23, TIMES PER WK RT7
CARD 3 COLUMNS 43 - 48 TYPE (I)
MISSING= BLANK
24. J24, MILES RT7
CARD 3 COLUMNS 49 - 54 TYPE (I)
MISSING= BLANK

J I R S Y S T E M 1 . 1
FILE REGBLD REGRD 17 DETAILED LIST

- V25. J25, HRS RT8
CARD 3 COLUMNS 55 - 60 TYPE (I)
MISSING= BLANK
- V26. J26, TIMES PER WK RT8
CARD 3 COLUMNS 61 - 66 TYPE (I)
MISSING= BLANK
- V27. J27, MILES RT6
CARD 3 COLUMNS 67 - 72 TYPE (I)
MISSING= BLANK
- V28. J28, DESC OF OTHERS
CARD 4 COLUMNS 1 - 40 TYPE (A)
MISSING= BLANK
- V29. J29, DESC OF OTHERS
CARD 5 COLUMNS 1 - 40 TYPE (A)
MISSING= BLANK
- J30, DESC OF OTHERS
CARD 6 COLUMNS 1 - 40 TYPE (A)
MISSING= BLANK
- J31, DESC OF OTHERS
CARD 7 COLUMNS 1 - 40 TYPE (A)
MISSING= BLANK
- J32, DESC OF OTHERS
CARD 8 COLUMNS 1 - 40 TYPE (A)
MISSING= BLANK
- J33, HRS PER DAY FLEET OPERATES
CARD 9 COLUMNS 1 - 6 TYPE (I)
MISSING= BLANK

IR SYSTEM 1.1
FILE RECORDED RECORD 20 DETAILED LIST

- RECORD TYPE 20

THIS IS THE BASIC INFORMATION RECORD FOR HOSPITALS.
VARIABLE AA1 IS NUMBER FOR TRANSFUSION SERVICE.
3 DATA CARDS ARE REQUIRED.

MAXIMUM OF THIS RECORD TYPE PER CASE 1
NUMBER OF RECORDS OF THIS TYPE ON DATA FILE 62
NUMBER OF CARDS IN DATA RECORD 3

1. IDNUM, NAME OF HOSPITAL
CARD 1 COLUMNS 3 - 5 TYPE (I)
1. AA1, NAME OF HOSPE
CARD 1 COLUMNS 6 - 25 TYPE (A)
MISSING= BLANK
2. AA2, ADDRESS(LETTER HEAD)
CARD 1 COLUMNS 26 - 45 TYPE (A)
MISSING= BLANK
3. AA3, N-S COORDINATE
CARD 1 COLUMNS 46 - 51 TYPE (I)
MISSING= BLANK
4. AA4, E-W COORDINATE
CARD 1 COLUMNS 52 - 57 TYPE (I)
MISSING= BLANK
5. AA5, TELEPHONE
CARD 1 COLUMNS 58 - 69 TYPE (A)
MISSING= BLANK
6. AA6, COUNTY
CARD 2 COLUMNS 1 - 20 TYPE (A)
MISSING= BLANK
7. AA7, MED DIRECTOR
CARD 2 COLUMNS 21 - 40 TYPE (A)
MISSING= BLANK
8. AA8, DATED APPOINT OF MED DIR
CARD 2 COLUMNS 41 - 60 TYPE (A)
MISSING= BLANK
9. AA9, SUPERVISOR
CARD 3 COLUMNS 1 - 20 TYPE (A)
MISSING= BLANK
10. AA10, SERVICES OWNED BY HOSP
CARD 3 COLUMN 21 TYPE (I)
MISSING= BLANK

1 = YES

2 = NO

S I R S Y S T E M 1 . 1
FILE REGBLDD RECORD 20 DETAILED LIST

V11. AA11, SERVICES UNDER
CARD 3 COLUMN 22 TYPE (1)
MISSING= BLANK

CONTRACT

1 = YES 2 = NO

V12. AA12, MEMBER OF AABB
CARD 3 COLUMN 23 TYPE (1)
MISSING= BLANK

1 = YES 2 = NO

V13. AA13, MEMBER OF AABB
CARD 3 COLUMN 24 TYPE (1)
MISSING= BLANK

CLEARING HS

1 = YES 2 = NO

V14. AA14, RELEASE PERM
CARD 3 COLUMN 25 TYPE (1)
MISSING= BLANK

1 = YES 2 = NO

97

IR SYSTEM 1.1
FILE REGBLOD RECORD 21 DETAILED LIST

- RECORD TYPE 21

THIS RECORD CONSISTS OF DATA FOR VOLUME OF ACTIVITY
FOR HOSPITALS. THIS CORRESPONDS TO HEADINGS
11.A-C, E, F, H, I, J, K, M. THE RECORD IS SORTED BY THE
YEAR INDEX(YEAR).
THE RECORD REQUIRES 8 CARDS.

MAXIMUM OF THIS RECORD TYPE PER CASE 3
NUMBER OF RECORDS OF THIS TYPE ON DATA FILE 186
NUMBER OF CARDS IN DATA RECORD 8

PORT IDENTIFIER 1 - YEAR

01. IDNUM,
CARD 1 COLUMNS 3 - 5 TYPE (I)
02. YEAR,
CARD 1 COLUMN 6 TYPE (I)
03. L1, A.1-WHOLE BLOOD
CARD 1 COLUMNS 7 - 12 TYPE (I)
MISSING= BLANK
04. L2, A.2.A-REGULAR PRC
CARD 1 COLUMNS 13 - 18 TYPE (I)
MISSING= BLANK
05. L3, A.2.B- FROZEN PRC
CARD 1 COLUMNS 19 - 24 TYPE (I)
MISSING= BLANK
06. L4, A.2.C-WASHED PRC
CARD 1 COLUMNS 25 - 30 TYPE (I)
MISSING= BLANK
07. L5, A.2.D-LEUK POOR
CARD 1 COLUMNS 31 - 36 TYPE (I)
MISSING= BLANK
08. L6, A.3-FRESH FROZEN PLASMA
CARD 1 COLUMNS 37 - 42 TYPE (I)
MISSING= BLANK
09. L7, A.4-PL CONCENTRATES
CARD 1 COLUMNS 43 - 48 TYPE (I)
MISSING= BLANK
10. L8, A.5-PL RICH PLASMA
CARD 1 COLUMNS 49 - 54 TYPE (I)
MISSING= BLANK

S I R S Y S T E M 1 . 1
FILE REGBLUD RECCRD 21 DETAILED LIST

- V10. L9, A.6-CRYO
CARD 1 COLUMNS 55 - 61 TYPE (I)
MISSING= BLANK
- V11. L10, A.7-PLATELETS
CARD 1 COLUMNS 62 - 66 TYPE (I)
MISSING= BLANK
- V12. L11, A.8-LEUKOCYTES
CARD 1 COLUMNS 67 - 72 TYPE (I)
MISSING= BLANK
- V13. L12, LEUKO FREE PC
CARD 2 COLUMNS 1 - 6 TYPE (I)
MISSING= BLANK
- V14. L13, LEUKO CONCENTRATE
CARD 2 COLUMNS 7 - 12 TYPE (I)
MISSING= BLANK
- V15. L14, SINGLE DONOR PLASMA
CARD 2 COLUMNS 13 - 18 TYPE (I)
MISSING= BLANK
- V16. L15, MISC.
CARD 2 COLUMNS 19 - 24 TYPE (I)
MISSING= BLANK
- V17. L16, B-TLT. XMATCHES
CARD 2 COLUMNS 25 - 30 TYPE (I)
MISSING= BLANK
- V18. L17, C.1-WHOLE BLOOD
CARD 2 COLUMNS 31 - 36 TYPE (I)
MISSING= BLANK
- V19. L18, C.2.A-REGULAR PRC
CARD 2 COLUMNS 37 - 42 TYPE (I)
MISSING= BLANK
- V20. L19, C.2.B-FROZEN PRC
CARD 2 COLUMNS 43 - 48 TYPE (I)
MISSING= BLANK
- V21. L20, C.2. C-WASHED PRC
CARD 2 COLUMNS 49 - 54 TYPE (I)
MISSING= BLANK
- V22. L21, C.2.D-LEUKO POOR
CARD 2 COLUMNS 55 - 60 TYPE (I)
MISSING= BLANK
- V23. L22, C.3-FRESH FROZEN PLASMA
CARD 2 COLUMNS 61 - 66 TYPE (I)
MISSING= BLANK

IR SYSTEM 1.1
FILE REG BLOOD RECORD 21 DETAILED LIST

24. L23, C.4-PL CONCENTRATES
CARD 3 COLUMNS 1 - 6 TYPE (I)
MISSING= BLANK

25. L24, C.5-PL
CARD 3 COLUMNS 7 - 12 TYPE (I)
MISSING= BLANK

RICH PLASMA

26. L25, C.6-CRYO
CARD 3 COLUMNS 13 - 18 TYPE (I)
MISSING= BLANK

27. L26, C.7-PLATELETS
CARD 3 COLUMNS 19 - 24 TYPE (I)
MISSING= BLANK

28. L27, C.8-
CARD 3 COLUMNS 25 - 30 TYPE (I)
MISSING= BLANK

LEUKOCYTES

29. L28, LEUKO FREE PC
CARD 3 COLUMNS 31 - 36 TYPE (I)
MISSING= BLANK

30. L29, LEUKO CONC.
CARD 3 COLUMNS 37 - 42 TYPE (I)
MISSING= BLANK

31. L30, SINGLE DONOR PLASMA
CARD 3 COLUMNS 43 - 48 TYPE (I)
MISSING= BLANK

32. L31, MISC.
CARD 3 COLUMNS 49 - 54 TYPE (I)
MISSING= BLANK

33. L32, E-HEPATITIS
CARD 3 COLUMNS 55 - 60 TYPE (I)
MISSING= BLANK

34. L33, F.1-PHLEBOTOMIES
CARD 3 COLUMNS 61 - 66 TYPE (I)
MISSING= BLANK

35. L34, F.2-PLASMAPHERESIS
CARD 4 COLUMNS 1 - 6 TYPE (I)
MISSING= BLANK

36. L35, F.3-PLAT.PHERESIS
CARD 4 COLUMNS 7 - 12 TYPE (I)
MISSING= BLANK

37. L36, OTHER
CARD 4 COLUMNS 13 - 18 TYPE (I)
MISSING= BLANK

S I R S Y S T E M 1 . 1
FILE REGBLDD RECORD 21 DETAILED LIST

- V38. L37, OTHER
CARD 4 COLUMNS 19 - 24 TYPE (I)
MISSING= BLANK
- V39. L38, OTHER
CARD 4 COLUMNS 25 - 30 TYPE (I)
MISSING= BLANK
- V40. L39, OTHER
CARD 4 COLUMNS 31 - 36 TYPE (I)
MISSING= BLANK
- V41. L40, H.1-UNITS AT 88
CARD 4 COLUMNS 37 - 42 TYPE (I)
MISSING= BLANK
- V42. L41, H. 2-UNITS ON MOBILE
CARD 4 COLUMNS 43 - 46 TYPE (I)
MISSING= BLANK
- V43. L42, 1.1-BLOOD ASSURANCE
CARD 4 COLUMNS 49 - 54 TYPE (I)
MISSING= BLANK
- V44. L43, 1.2- REPLACEMENT
CARD 4 COLUMNS 55 - 60 TYPE (I)
MISSING= BLANK
- V45. L44, 1.3-COMMUNITY SERVICE
CARD 4 COLUMNS 61 - 66 TYPE (I)
MISSING= BLANK
- V46. L45, 1.4- ALTRUISM
CARD 5 COLUMNS 1 - 6 TYPE (I)
MISSING= BLANK
- V47. L46, 1.5-PAYMENT
CARD 5 COLUMNS 7 - 12 TYPE (I)
MISSING= BLANK
- V48. L47, 1.6-AUTOCLOGGUS
CARD 5 COLUMNS 13 - 18 TYPE (I)
MISSING= BLANK
- V49. L48, 1.7- SPECIAL
CARD 5 COLUMNS 19 - 24 TYPE (I)
MISSING= BLANK
- V50. L49, PREPLACEMENT
CARD 5 COLUMNS 25 - 30 TYPE (I)
MISSING= BLANK
- V51. L50, OTHER
CARD 5 COLUMNS 31 - 36 TYPE (I)
MISSING= BLANK

IR SYSTEM 1.1
FILE REGBLUD RECORD 2. DETAILED LIST

2. L51, OTHER
CARD 5 COLUMNS 37 - 42 TYPE (I)
MISSING= BLANK
3. L52, OTHER
CARD 5 COLUMNS 43 - 48 TYPE (I)
MISSING= BLANK
- L53, J.1.A-REGULAR PRC
CARD 5 COLUMNS 49 - 54 TYPE (I)
MISSING= BLANK
- L54, J.1.B-FROZEN PRC
CARD 5 COLUMNS 55 - 60 TYPE (I)
MISSING= BLANK
- 55, J.1.C-WASHED PRC
CARD 5 COLUMNS 61 - 66 TYPE (I)
MISSING= BLANK
- 5, J.1.D-LEUKO POOR
CARD 6 COLUMNS 1 - 6 TYPE (I)
MISSING= BLANK
- J.2-FRESH FROZEN PLASMA
CARD 6 COLUMNS 7 - 12 TYPE (I)
MISSING= BLANK
- J.3-PL CONCENTRATES
CARD 6 COLUMNS 13 - 18 TYPE (I)
MISSING= BLANK
- 59, J.4-PL RICH PLASMA
CARD 6 COLUMNS 19 - 24 TYPE (I)
MISSING= BLANK
- V61. L60, J.5-CRYO
CARD 6 COLUMNS 25 - 30 TYPE (I)
MISSING= BLANK
- V62. L61, LEUKO FREE PC
CARD 6 COLUMNS 31 - 36 TYPE (I)
MISSING= BLANK
- V63. L62, LEUKO CONC.
CARD 6 COLUMNS 37 - 42 TYPE (I)
MISSING= BLANK
- V64. L63, SINGLE DONOR PLASMA
CARD 6 COLUMNS 43 - 48 TYPE (I)
MISSING= BLANK
- V65. L64, MISC.
CARD 6 COLUMNS 49 - 54 TYPE (I)
MISSING= BLANK

S I R S Y S T E M - . 1
FILE REGBLDD RECCRD 21 DETAILED LIST

- V66. L65, K.1-PLASM DONORS
CARD 6 COLUMNS 55 - 60 TYPE (I)
MISSING= BLANK
- V67. L66, K.1-PLASMA UNITS
CARD 6 COLUMNS 61 - 66 TYPE (I)
MISSING= BLANK
- V68. L67, K.2.A-PLAT MACHINE
CARD 7 COLUMNS 1 - 6 TYPE (I)
MISSING= BLANK
- V69. L68, K.2.B-PLAT MAN DONORS
CARD 7 COLUMNS 7 - 12 TYPE (I)
MISSING= BLANK
- V70. L69, K.2.B-PLAT MAN UNITS
CARD 7 COLUMNS 13 - 18 TYPE (I)
MISSING= BLANK
- V71. L70, K.3-COM LEUK-PLAT DON
CARD 7 COLUMNS 19 - 24 TYPE (I)
MISSING= BLANK
- V72. L71, K.3-COM.LEUK-PLAT UNITS
CARD 7 COLUMNS 25 - 30 TYPE (I)
MISSING= BLANK
- V73. L72, K.4-LEUK DONORS
CARD 7 COLUMNS 31 - 36 TYPE (I)
MISSING= BLANK
- V74. L73, K.4-LEUK UNITS
CARD 7 COLUMNS 37 - 42 TYPE (I)
MISSING= BLANK
- V75. L74, M.1-HEP B ANT. POS
CARD 7 COLUMNS 43 - 48 TYPE (I)
MISSING= BLANK
- V76. L75, M.2-SYPHILIS POS
CARD 7 COLUMNS 49 - 54 TYPE (I)
MISSING= BLANK
- V77. L76, M.3-SHRT UNITS
CARD 7 COLUMNS 55 - 60 TYPE (I)
MISSING= BLANK
- V78. L77, CONTAMINATED
CARD 7 COLUMNS 61 - 66 TYPE (I)
MISSING= BLANK
- V79. L78, LITER
CARD 8 COLUMNS . - 6 TYPE (I)
MISSING= BLANK

IR SYSTEM 1.1
LL2 REGBLD RECORD 22 DETAILED LIST

- RECORD TYPE 22

THIS RECORD CONSISTS OF BASIC NON-NUMERIC INFORMATION FOR HOSPITAL VOLUME OF ACTIVITY. THIS CORRESPONDS TO HEADINGS II.D,G,L FROM THE HOSPITAL QUESTIONNAIRE. THE RECORD REQUIRES 1 CARD.

MAXIMUM OF THIS RECORD TYPE PER CASE 1
NUMBER OF RECORDS OF THIS TYPE ON DATA FILE 62
NUMBER OF CARDS IN DATA RECORD 1

1. IDNUM,
COLUMNS 3 - 5 TYPE (I)
1. LL1, D.1-ABO-RH
COLUMN 6 TYPE (I)
MISSING= BLANK
1 = YES 2 = NO
2. LL2, D.2-ANTIBODY SCREENING
COLUMN 7 TYPE (I)
MISSING= BLANK
1 = YES 2 = NO
3. LL3, D.3-SYPHILIS
COLUMN 8 TYPE (I)
MISSING= BLANK
1 = YES 2 = NO
4. LL4, D.4-HEPATITIS B ANTIGEN
COLUMN 9 TYPE (I)
MISSING= BLANK
1 = YES 2 = NO
5. LL5, OTHER
COLUMN 10 TYPE (I)
MISSING= BLANK
1 = YES 2 = NO
6. LL6, OTHER
COLUMN 11 TYPE (I)
MISSING= BLANK
1 = YES 2 = NO
7. LL7, G-COLLECTION SERVICE
COLUMN 12 TYPE (I)
MISSING= BLANK

S I R S Y S T E M 1 . 1
FILE REGBL00 REGRD 22 DETAILED LIST

1 = YES

2 = NO

V8. LL9, L-PHERIS. MACH.
 COLUMN 13 TYPE (1)
 MISSING= BLANK

1 = YES

2 = NO

V9. LL9, L.1-EXPLANATION
 COLUMNS 14 - 53 TYPE (A)
 MISSING= BLANK

V10. LL10, L.2-PRGC. PER YEAR
 COLUMNS 54 - 59 TYPE (1)
 MISSING= BLANK

- RECORD TYPE 23

THIS RECORD CONTAINS DATA FOR HOSPITAL STAFFING.
THIS CORRESPONDS TO HEADINGS III.A-D ON THE HOSPITAL
QUESTIONNAIRE. THE RECORD IS SORTED ACCORDING TO
RESPONSIBILITIES(KTIME). HERE

KTIME	INTERPRETATION
1	FULL TIME(NO. OF FTE'S)
2	PART TIME(NO. HRS/WEEK)
3	ON CALL(NO. HRS/WEEK)

2 DATA CARDS ARE REQUIRED.

MAXIMUM OF THIS RECORD TYPE PER CASE 3
NUMBER OF RECORDS OF THIS TYPE ON DATA FILE 186
NUMBER OF CARDS IN DATA RECORD 2

ORT IDENTIFIER 1 - KTIME

1. IDNUM,
CARD 1 COLUMNS 3 - 5 TYPE (I)

2. KTIME,
CARD 1 COLUMN 6 TYPE (I)

1 = FULL TIME	2 = PART TIME
3 = ON CALL	

3. CC1, A.1-TECH SUPER SSB
CARD 1 COLUMNS 7 - 11 TYPE (F5.2)
MISSING= BLANK

4. CC2, A.2-TECH SUPER
CARD 1 COLUMNS 12 - 16 TYPE (F5.2)
MISSING= BLANK

5. CC3, OTHER
CARD 1 COLUMNS 17 - 21 TYPE (F5.2)
MISSING= BLANK

6. CC4, OTHER
CARD 1 COLUMNS 22 - 26 TYPE (F5.2)
MISSING= BLANK

7. CC5, B.1-TECH PER SBB
CARD 1 COLUMNS 27 - 31 TYPE (F5.2)
MISSING= BLANK

8. CC6, B.2-TECH PER
CARD 1 COLUMNS 32 - 36 TYPE (F5.2)
MISSING= BLANK

S I R S Y S T E M 1 . 1
FILE REGBLUD RECORD 23 DETAILED LIST

- v8. CC7, OTHER
CARD 1 COLUMNS 37 - 41 TYPE (F5.2)
MISSING= BLANK
- v9. CC8, OTHER
CARD 1 COLUMNS 42 - 46 TYPE (F5.2)
MISSING= BLANK
- v10. CC9, C.1-REG NURSES
CARD 2 COLUMNS 1 - 5 TYPE (F5.2)
MISSING= BLANK
- v11. CC10, C.2-LPN
CARD 2 COLUMNS 6 - 10 TYPE (F5.2)
MISSING= BLANK
- v12. CC11, OTHER
CARD 2 COLUMNS 11 - 15 TYPE (F5.2)
MISSING= BLANK
- v13. CC12, OTHER
CARD 2 COLUMNS 16 - 20 TYPE (F5.2)
MISSING= BLANK
- v14. CC13, D.1-SECRETARIES
CARD 2 COLUMNS 21 - 25 TYPE (F5.2)
MISSING= BLANK
- v15. CC14, D.2-CLERKS
CARD 2 COLUMNS 26 - 30 TYPE (F5.2)
MISSING= BLANK
- v16. CC15, OTHER
CARD 2 COLUMNS 31 - 35 TYPE (F5.2)
MISSING= BLANK
- v17. CC16, OTHER
CARD 2 COLUMNS 36 - 40 TYPE (F5.2)
MISSING= BLANK

IR SYSTEM
FILE REG BLOOD RECORD 24 DETAILED LIST

RECORD TYPE 24

THIS RECORD CONTAINS DATA FOR SUPPLEMENTAL
SUPPLIERS FOR HOSPITALS. THIS CORRESPONDS TO
HEADINGS IV.8 ON THE HOSPITAL QUESTIONNAIRE.
THE RECORD IS SORTED BY SUPPLIER(SUPS) AND BY
YEAR INDEX(YEAR)
2 CARDS ARE REQUIRED.

MAXIMUM OF THIS RECORD TYPE PER CASE 60
NUMBER OF RECORDS OF THIS TYPE ON DATA FILE 321
NUMBER OF CARDS IN DATA RECORD 2

PORT IDENTIFIER 1 - SUPS
PORT IDENTIFIER 2 - YEAR

1. IDNUM,
CARD 1 COLUMNS 3 - 5 TYPE (I)
1. SUPS,
CARD 1 COLUMNS 6 - 8 TYPE (I)
2. YEAR,
CARD 1 COLUMN 9 TYPE (I)
3. M1, 1.A-WHOLE BLOOD
CARD 1 COLUMNS 10 - 15 TYPE (I)
MISSING= BLANK
4. M2, 1.B.1-REGULAR PRC
CARD 1 COLUMNS 16 - 21 TYPE (I)
MISSING= BLANK
5. M3, 1.B.2-FROZEN PRC
CARD 1 COLUMNS 22 - 27 TYPE (I)
MISSING= BLANK
6. M4, 1.B.3-WASHED PRC
CARD 1 COLUMNS 28 - 33 TYPE (I)
MISSING= BLANK
7. M5, 1.B.4-LEUKO PRC
CARD 1 COLUMNS 34 - 39 TYPE (I)
MISSING= BLANK
8. M6, 1.C-FRESH FROZEN PLASMA
CARD 1 COLUMNS 40 - 45 TYPE (I)
MISSING= BLANK
9. M7, 1.D-PL CONCENTRATES
CARD 1 COLUMNS 46 - 51 TYPE (I)
MISSING= BLANK

S I R S Y S T E M 1 . 1
FILE REG BLOOD RECORD 24 DETAILED LIST

- V10. M0, L.E-PL RICH PLASMA
CARD 1 COLUMNS 52 - 57 TYPE (I)
MISSING= BLANK
- V11. M9, L.F-CRYO
CARD 1 COLUMNS 58 - 63 TYPE (I)
MISSING= BLANK
- V12. M10, L.G.1 PLATELETS
CARD 1 COLUMNS 64 - 69 TYPE (I)
MISSING= BLANK
- V13. M11, L.G.2-LEUKOCYTES
CARD 2 COLUMNS 1 - 6 TYPE (I)
MISSING= BLANK
- V14. M12, LEUKO FREE PC
CARD 2 COLUMNS 7 - 12 TYPE (I)
MISSING= BLANK
- V15. M13, LEUKO CONCENS
CARD 2 COLUMNS 13 - 18 TYPE (I)
MISSING= BLANK
- V16. M14, SINGLE DONOR PLASMA
CARD 2 COLUMNS 19 - 24 TYPE (I)
MISSING= BLANK
- V17. M15, MISC.
CARD 2 COLUMNS 25 - 30 TYPE (I)
MISSING= BLANK

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S I R S Y S T E M 1 . 1
FILE REG BLOOD RECORD 25 DETAILED LIST

- V9. MM9, PRC A+
CARD 2 COLUMNS 31 - 36 TYPE (I)
MISSING= BLANK
- V10. MM10, WHOLE BLOOD A-
CARD 2 COLUMNS 37 - 42 TYPE (I)
MISSING= BLANK
- V11. MM11, PRC A-
CARD 2 COLUMNS 43 - 48 TYPE (I)
MISSING= BLANK
- V12. MM12, WHOLE BLOOD B+
CARD 2 COLUMNS 49 - 54 TYPE (I)
MISSING= BLANK
- V13. MM13, PRC B+
CARD 2 COLUMNS 55 - 60 TYPE (I)
MISSING= BLANK
- V14. MM14, WHOLE BLOOD B-
CARD 3 COLUMNS 1 - 6 TYPE (I)
MISSING= BLANK
- V15. MM15, PRC B-
CARD 3 COLUMNS 7 - 12 TYPE (I)
MISSING= BLANK
- V16. MM16, WHOLE BLOOD AB+
CARD 3 COLUMNS 13 - 18 TYPE (I)
MISSING= BLANK
- V17. MM17, PRC AB+
CARD 3 COLUMNS 19 - 24 TYPE (I)
MISSING= BLANK
- V18. MM18, WHOLE BLOOD AB-
CARD 3 COLUMNS 25 - 30 TYPE (I)
MISSING= BLANK
- V19. MM19, PRC AB-
CARD 3 COLUMNS 31 - 36 TYPE (I)
MISSING= BLANK

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IR SYSTEM 1.1
ILE REGLUD RECCRD 26 DETAILED LIST

- RECORD TYPE 26

THIS RECORD CONSISTS OF DATA CONCERNING HOSPITAL FACILITIES. THIS CORRESPONDS TO HEADING V ON THE HOSPITAL QUESTIONNAIRE.
2 CARDS ARE REQUIRED.

AXIMUM OF THIS RECCRD TYPE PER CASE 1
UMBER OF RECCRDS OF THIS TYPE ON DATA FILE 62
UMBER OF CARDS IN DATA RECORD 2

1. I1NUM,
CARD 1 COLUMNS 3 - 5 TYPE (I)
1. N1,
DONOR RECRUITMENT
CARD 1 COLUMNS 6 - 11 TYPE (F6.2)
MISSING= BLANK
2. N2,
PHLEB AND SCREENING
CARD 1 COLUMNS 12 - 17 TYPE (F6.2)
MISSING= BLANK
3. N3,
PROCESSING
CARD 1 COLUMNS 18 - 23 TYPE (F6.2)
MISSING= BLANK
4. N4,
BLOOD STORAGE
CARD 1 COLUMNS 24 - 29 TYPE (F6.2)
MISSING= BLANK
5. N5,
CROSSMATCHING AND DISPENSING
CARD 1 COLUMNS 30 - 35 TYPE (F6.2)
MISSING= BLANK
6. N6,
SUPPLY SOTRAGE
CARD 1 COLUMNS 36 - 41 TYPE (F6.2)
MISSING= BLANK
7. N7,
ADMINISTRATION
CARD 1 COLUMNS 42 - 47 TYPE (F6.2)
MISSING= BLANK
8. N8,
EDUCATION
CARD 1 COLUMNS 48 - 53 TYPE (F6.2)
MISSING= BLANK
9. N9,
RESEARCH
CARD 2 COLUMNS 1 - 6 TYPE (F6.2)
MISSING= BLANK
10. N10,
EXPANSION CAPACITY
CARD 2 COLUMNS 7 - 12 TYPE (F6.2)
MISSING= BLANK

S I R S Y S T E M 1 . 1
FILE REGBLD RECORD 26 DETAILED LIST

- V11. N11, BLDG EQUIP
CARD 2 COLUMNS 13 - 16 TYPE (F6.2)
MISSING= BLANK
- V12. N12, REFRESHMENT
CARD 2 COLUMNS 19 - 24 TYPE (F6.2)
MISSING= BLANK
- V13. N13, LOBBY
CARD 2 COLUMNS 25 - 30 TYPE (F6.2)
MISSING= BLANK
- V14. N14, OTHER
CARD 2 COLUMNS 31 - 36 TYPE (F6.2)
MISSING= BLANK
- V15. N15, OTHER
CARD 2 COLUMNS 37 - 42 TYPE (F6.2)
MISSING= BLANK

1 R S Y S T E M 1 . 1
FILE REGBLUD RECORD 55 DETAILED LIST

- RECORD TYPE 55

THIS RECORD CONSISTS OF DATA FOR TARGET INVENTORY LEVELS FOR NATIONAL AND COMMUNITY CENTERS. THIS CORRESPONDS TO HEADING IV.1 ON THE QUESTIONNAIRE.

THIS RECORD IS SORTED ACCORDING TO THE BRANCH LOCATION OF THE PARTICULAR CENTER. THIS IS IMPORTANT ONLY FOR NATIONAL CENTERS. THE SCHEME IS AS FOLLOWS.

NATIONAL CENTER: BRANCH=301 TO 400
COMMUNITY CENTER: BRANCH=IDNUM

THIS RECORD REQUIRES 3 CARDS PER CASE

MAXIMUM OF THIS RECORD TYPE PER CASE 10
NUMBER OF RECORDS OF THIS TYPE ON DATA FILE 16
NUMBER OF CARDS IN DATA RECORD 2

PORT IDENTIFIER 1 - BRANCH

1. IDNUM,
CARD 1 COLUMNS 3 - 5 TYPE (I)

1. BRANCH,
CARD 1 COLUMNS 6 - 8 TYPE (I)
MISSING= BLANK

2. D21, 1.2.A-VARY TARGET BY WEEK
CARD 1 COLUMN 9 TYPE (I)
MISSING= BLANK

1 = YES 2 = NO

3. D22, 1.2.B-VARY TARGET BY MONTH
CARD 1 COLUMN 10 TYPE (I)
MISSING= BLANK

1 = YES 2 = NO

4. D23, 1.2.C-VARY TARGET BY YEAR
CARD 1 COLUMN 11 TYPE (I)
MISSING= BLANK

1 = YES 2 = NO

5. D24, 1.3-WB-C&
CARD 1 COLUMNS 12 - 17 TYPE (I)
MISSING= BLANK

6. D25, 1.3-FRC-C&
CARD 1 COLUMNS 18 - 23 TYPE (I)
MISSING= BLANK

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S I R S Y S T E M 1 . 1
FILE REGBLGD RECORD 55 DETAILED LIST

- V7. D26, 1.3-WB-0-
CARD 1 COLUMNS 24 - 29 TYPE (I)
MISSING= BLANK
- V8. D27, 1.3-PRC-0-
CARD 1 COLUMNS 30 - 35 TYPE (I)
MISSING= BLANK
- V9. D28, 1.3-WB-A&
CARD 1 COLUMNS 36 - 41 TYPE (I)
MISSING= BLANK
- V10. D29, 1.3-PRC-A&
CARD 1 COLUMNS 42 - 47 TYPE (I)
MISSING= BLANK
- V11. D210, 1.3-WB-A-
CARD 1 COLUMNS 48 - 53 TYPE (I)
MISSING= BLANK
- V12. D211, 1.3-PRC-A-
CARD 1 COLUMNS 54 - 59 TYPE (I)
MISSING= BLANK
- V13. D212, 1.3-WB-B+
CARD 1 COLUMNS 60 - 65 TYPE (I)
MISSING= BLANK
- V14. D213, 1.3-PRC-B+
CARD 1 COLUMNS 66 - 71 TYPE (I)
MISSING= BLANK
- V15. D214, 1.3-WB-B-
CARD 1 COLUMNS 72 - 77 TYPE (I)
MISSING= BLANK
- V16. D215, 1.3-PRC-B-
CARD 2 COLUMNS 1 - 6 TYPE (I)
MISSING= BLANK
- V17. D216, 1.3-WB-AB+
CARD 2 COLUMNS 7 - 12 TYPE (I)
MISSING= BLANK
- V18. D217, 1.3-PRC-AB+
CARD 2 COLUMNS 13 - 18 TYPE (I)
MISSING= BLANK
- V19. D218, 1.3-WB-AB-
CARD 2 COLUMNS 19 - 24 TYPE (I)
MISSING= BLANK
- V20. D219, 1.3-PRC-AB-
CARD 2 COLUMNS 25 - 30 TYPE (I)
MISSING= BLANK

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IR SYSTEM 1.1
FILE REGBLUD RECORD 56 DETAILED LIST

- RECORD TYPE 56

THIS RECORD PROVIDES DATA FOR THE AMOUNT OF PLASMA RETURNED TO COMMUNITY CENTERS FOR PLASMA RECOVERY PROGRAMS. THE NEED TO CREATE A SPECIAL RECORD FOR THIS DATA STEMS FROM THE MULTI-BRANCH LOCATIONS THAT NATIONAL CENTERS HAVE.

THIS RECORD IS SORTED BY TWO CRITERIA: FIRST BY BRANCH, AND SECOND BY YEAR. THE SCHEME IS AS FOLLOWS

SOURCE	SET BRANCH TO	YEAR VALUES
COMMUNITY	IDNUM	1,2,3
NATIONAL	301TO 400	2,3

FINALLY, THIS RECORD IS PART OF INVENTORY CONTROL, HEADING IV.J ON THE QUESTIONNAIRE. THE RECORD REQUIRES 1 CARD.

MAXIMUM OF THIS RECORD TYPE PER CASE 30
NUMBER OF RECORDS OF THIS TYPE ON DATA FILE 48
NUMBER OF CARDS IN DATA RECORD 1

ORT IDENTIFIER 1 - BRANCH
ORT IDENTIFIER 2 - YEAR

1. IDNUM,
COLUMNS 3 - 5 TYPE (I)
1. BRANCH,
COLUMNS 6 - 8 TYPE (I)
2. YEAR,
COLUMN 9 TYPE (I)
3. DZZ1, J-LITERS PLASMA RECOVERED
COLUMNS 10 - 17 TYPE (I)
MISSING= BLANK

RESPONDENTS

National Centers

Los Angeles - Orange Counties Red Cross Blood Center

Minneapolis War Memorial Blood Bank

Milwaukee Blood Center, Inc.

New York Blood Center

St. Paul Regional Red Cross Blood Center

Chicago Area Blood Centers

Aurora Area Blood Bank

Beverly Blood Center

United Blood Services

Jacob Blumberg Memorial Blood Bank of the Lake Co. Medical Center

Mid-America Regional Red Cross Blood Program

North Suburban Blood Center

Michael Reese Research Foundation

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Chicago Area Hospitals

Alexian Brothers Medical Center (Elk Grove Village)
Augustana Hospital & Health Care Center (Chicago)
Belmont Community Hospital (Chicago)
Bethany Brethren - Garfield Park Community Hospital (Chicago)
Louis Burg Hospital (Chicago)
Central Community Hospital (Chicago)
Central DuPage Hospital (Winfield)
Chicago Osteopathic Medical Center (Chicago)
The Children's Memorial Hospital (Chicago)
Christ Hospital (Oak Lawn)
Columbus Hospital (Chicago)
Community Hospital (Geneva)
Delnor Hospital (St. Charles)
Edgewater Hospital (Chicago)
Evanston Hospital (Evanston)
Franklin Boulevard Community Hospital (Chicago)
Good Samaritan Hospital (Downers Grove)
Grant Hospital of Chicago (Chicago)
Henrotin Hospital (Chicago)
Highland Park Hospital (Highland Park)
Hinsdale Sanatorium and Hospital (Hinsdale)
Holy Cross Hospital (Chicago)
Holy Family Hospital (Des Plaines)
Illinois Central Community Hospital (Chicago)
Ingalls Memorial Hospital (Harvey)
Lutheran General Hospital (Park Ridge)
McHenry Hospital (McHenry)
Mary Thompson Hospital (Chicago)
Mercy Center for Health Care Services (Aurora)
Munster Community Hospital (Munster, Indiana)
Northlake Community Hospital (Northlake)
Northwest Hospital (Chicago)
Northwest Community Hospital (Arlington Heights)
Northwestern Memorial Hospital (Chicago)
Oak Park Hospital (Oak Park)
Palos Community Hospital (Palos Heights)
Resurrection Hospital (Chicago)
Riverside Medical Center (Kankakee)
Roosevelt Memorial Hospital (Chicago)
Rush-Presbyterian-St. Luke's Medical Center (Chicago)
St. Anthony Hospital (Chicago)
St. Frances Xavier Cabrini Hospital (Chicago)
St. Catherine Hospital (East Chicago, Indiana)
St. Francis Hospital (Evanston)
St. Joseph Hospital (Chicago)
St. Joseph Hospital (Joliet)

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St. Mary of Nazareth Hospital Center (Chicago)
St. Margarets Hospital (Hammond, Indiana)
St. Therese Hospital (Waukegan)
Skokie Valley Community Hospital (Skokie)
South Chicago Community Hospital (Chicago)
South Suburban Hospital (Hazel Crest)
Thorek Medical Center (Chicago)
University of Chicago Hospital & Clinics (Chicago)
Veterans Administration Hospital (Downey)
Veterans Administration Hospital (Hines)
Veterans Administration Lakeside Hospital (Chicago)
Veterans Administration Westside Hospital (Chicago)
Walther Memorial Hospital (Chicago)
Louis A. Weiss Memorial Hospital (Chicago)
West Suburban Hospital (Oak Park)
Westlake Community Hospital (Melrose Park)

Additional Respondents

Northeast Regional Red Cross Blood Program
Missouri - Illinois Regional Red Cross Blood Service
Condell Memorial Hospital
St. Elizabeth Hospital (Chicago)