APPENDIX A

Contents:


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

William P. Pierska, Ph.D.
Principal Investigator

Community Blood Center Questionnaire
1977
# Table of Contents

Definitions  

Questionnaire  

I. Information  

II. Volume of Activity  

III. Staffing  

IV. Inventory Policy  

V. Expenses  

VI. Supply and Delivery of Blood  

VII. Mobile Drawings  

VIII. Blood Center Facilities  

IX. Satellite Facilities  

X. Delivery & Routing Procedure  

XI. Laboratory Equipment  

XII. Vehicles  

XIII. Consultation  

XIV. Education  

XV. Research  

XVI. Training in Related Areas  

Appendix  

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definitions</td>
<td>1</td>
</tr>
<tr>
<td>Questionnaire</td>
<td></td>
</tr>
<tr>
<td>I. Information</td>
<td>1</td>
</tr>
<tr>
<td>II. Volume of Activity</td>
<td>2</td>
</tr>
<tr>
<td>III. Staffing</td>
<td>5</td>
</tr>
<tr>
<td>IV. Inventory Policy</td>
<td>12</td>
</tr>
<tr>
<td>V. Expenses</td>
<td>17</td>
</tr>
<tr>
<td>VI. Supply and Delivery of Blood</td>
<td>20</td>
</tr>
<tr>
<td>VII. Mobile Drawings</td>
<td>24</td>
</tr>
<tr>
<td>VIII. Blood Center Facilities</td>
<td>25</td>
</tr>
<tr>
<td>IX. Satellite Facilities</td>
<td>26</td>
</tr>
<tr>
<td>X. Delivery &amp; Routing Procedure</td>
<td>27</td>
</tr>
<tr>
<td>XI. Laboratory Equipment</td>
<td>28</td>
</tr>
<tr>
<td>XII. Vehicles</td>
<td>29</td>
</tr>
<tr>
<td>XIII. Consultation</td>
<td>30</td>
</tr>
<tr>
<td>XIV. Education</td>
<td>30</td>
</tr>
<tr>
<td>XV. Research</td>
<td>30</td>
</tr>
<tr>
<td>XVI. Training in Related Areas</td>
<td>31</td>
</tr>
<tr>
<td>Appendix</td>
<td>32</td>
</tr>
</tbody>
</table>
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-Transfusible 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:

10. Financial data Fiscal Year Calendar Year

11. Statistical data Fiscal Year Calendar Year

12. This data can be released for publication in totality or partially or 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

<table>
<thead>
<tr>
<th></th>
<th>&quot;Current&quot; Yr.</th>
<th>Previous Yr.</th>
<th>Prior Yr.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(____ # mos.)</td>
<td>(____ # mos.)</td>
<td>(____ # mos.)</td>
</tr>
</tbody>
</table>

### 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. 
   - 

### 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 out of date 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).

<table>
<thead>
<tr>
<th>Classification</th>
<th>Current Yr.</th>
<th>Previous Yr.</th>
<th>Prior Yr.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Administrative:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Administrator</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) Controller/Accountant</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c) Admin. Assistant</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(d) Technical Director</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(e) Medical Director</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(f) Research Personnel</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(g) Technical Education Personnel</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(h) Clerical</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (Please specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(i)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(j)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Processing:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Supervisor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) Technologists (Registered)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c) Technicians (Non-registered)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(d) Laboratory Aides</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(e) Clerical</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (Please specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(f)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(g)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### STAFFING (cont'd)

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)

<table>
<thead>
<tr>
<th></th>
<th>Current Yr.</th>
<th>Previous Yr.</th>
<th>Prior Yr.</th>
</tr>
</thead>
<tbody>
<tr>
<td>i. Inventory Control &amp; Distribution:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Supervisor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) Drivers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c) Clerical</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (Please specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(d)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(e)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>. Support Personnel:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Housekeeping</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) Maintenance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (Please specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(d)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Administrative:</th>
<th>Current Yr.</th>
<th>Previous Yr.</th>
<th>Prior Yr.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Administrator</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) Controller/Accountant</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c) Admin. Assistant</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(d) Technical Director</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(e) Medical Director</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(f) Research Personnel</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(g) Technical Education Personnel</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(h) Clerical Other (Please specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(i)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(j)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Processing:

| (a) Supervisor |             |              |           |
| (b) Technologists (Registered) |             |              |           |
| (c) Technicians (Non-registered) |             |              |           |
| (d) Laboratory Aides |             |              |           |
| (e) Clerical Other (Please specify) |             |              |           |
| (f) |             |              |           |
| (g) |             |              |           |
### STAFFING (cont'd)

<table>
<thead>
<tr>
<th></th>
<th>Current Yr.</th>
<th>Previous Yr.</th>
<th>Prior Yr.</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Phlebotomy (at center)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Supervisor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) Phlebotomists</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c) Aides</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(d) Clerical</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(e) Phoning of Donors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (Please Specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(f)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(g)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Mobile Sites</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Supervisor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) Phlebotomists</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c) Aides</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(d) Clerical</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(e) Drivers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(f) Donor History</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(g) Refreshment Area</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(h) Screening Area</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (Please Specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(i)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(j)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Donor Services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Supervisor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) Recruiters</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c) Clerical</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Staffing (cont'd)

<table>
<thead>
<tr>
<th></th>
<th>Current Yr.</th>
<th>Previous Yr.</th>
<th>Prior Yr.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(d)</td>
<td>P.R. Activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(e)</td>
<td>Donor Scheduling</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other (Please Specify)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(f)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(g)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. Inventory Control & Distribution:

<table>
<thead>
<tr>
<th></th>
<th>Current Yr.</th>
<th>Previous Yr.</th>
<th>Prior Yr.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
<td>Supervisor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b)</td>
<td>Drivers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c)</td>
<td>Clerical</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other (Please Specify)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(d)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(e)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. Support Personnel:

<table>
<thead>
<tr>
<th></th>
<th>Current Yr.</th>
<th>Previous Yr.</th>
<th>Prior Yr.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
<td>Housekeeping</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b)</td>
<td>Maintenance</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other (Please Specify)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(d)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
IV. INVENTORY POLICY

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

<table>
<thead>
<tr>
<th></th>
<th>Current Yr.</th>
<th>Previous Yr.</th>
<th>Prior Yr.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Whole Blood</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Packed Red Cells</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Regular</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) Frozen</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c) Liquid Washed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Platelet Concentrates</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Fresh Frozen Plasma</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Platelet Rich Plasma</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Cryoprecipitate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other (Please Specify)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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?

<table>
<thead>
<tr>
<th></th>
<th>Whole Blood &amp; Packed Cells</th>
<th>Other Comp</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Charged only for the units they transfuse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Charged for all units shipped to them</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Charged for each day they hold the units</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Other (Please specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.)

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

<table>
<thead>
<tr>
<th>1. Name of Supplemental Supplier</th>
<th>Current Yr.</th>
<th>Previous Yr.</th>
<th>Prior Yr</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Whole Blood</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) Packed Red Cells</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Regular</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Frozen</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Liquid Washed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c) Platelet Concentrates</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(d) Fresh Frozen Plasma</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(e) Platelet Rich Plasma</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(f) Cryoprecipitate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (Please Specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(g)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(h)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(i)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
INVENTORY POLICY (cont'd)

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

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

<table>
<thead>
<tr>
<th></th>
<th>Whole Blood</th>
<th>Packed Red Cells</th>
</tr>
</thead>
<tbody>
<tr>
<td>O positive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>O negative</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A positive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A negative</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B positive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B negative</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AB positive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AB negative</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Current liters</th>
<th>Previous liters</th>
<th>Prior liters</th>
</tr>
</thead>
</table>
### V. EXPENSES (Actual)

<table>
<thead>
<tr>
<th></th>
<th>Current Yr.</th>
<th>Previous Yr.</th>
<th>Prior Yr.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. DONOR SERVICES:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Salaries and Wages</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Employee Benefits</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Employer's FICA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Rent Allocation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Recruiting Materials</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Purchased Services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. All Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Total</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>B. PHLEBOTOMY AT CENTER:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Salaries and Wages</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Employee Benefits</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Employer's FICA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Repair and Maint.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Rent Allocation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Blood Bags</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Supplies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Total</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>C. HOSPITALS (independent):</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Blood Bags</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Hospital Drawing Fees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. All Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Total</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### D. Mobile Phlebotomy:

<table>
<thead>
<tr>
<th>Description</th>
<th>Current Yr.</th>
<th>Previous Yr.</th>
<th>Prior Yr.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Salaries and Wages</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Employee Benefits</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Employer's FICA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Repair and Maint.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Van Lease and Insur.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Blood Bags</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Supplies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Gas And Oil</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Total</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### E. Processing:

<table>
<thead>
<tr>
<th>Description</th>
<th>Current Yr.</th>
<th>Previous Yr.</th>
<th>Prior Yr.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Salaries and Wages</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Employee Benefits</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Employer's FICA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Rent Allocation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Amortization Of Lease</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Supplies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. All Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Total</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### F. Blood Delivery

<table>
<thead>
<tr>
<th>Description</th>
<th>Current Yr.</th>
<th>Previous Yr.</th>
<th>Prior Yr.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Salaries and Wages</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Employee Benefits</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Employer's FICA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Vehicle Depreciation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Vehicle Gas &amp; Oil</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Cab Fares, Mileage &amp; Tolls</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
EXPENSES (cont'd)

G. ADMINISTRATION:

<table>
<thead>
<tr>
<th>Item</th>
<th>Current Yr.</th>
<th>Previous Yr.</th>
<th>Prior Yr.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Salaries and Wages</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Medical Director's Fees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Employee Benefits</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Employer's FICA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Unemployment Taxes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Rent Allocation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Amortization of Lease</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Telephone</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Supplies and Forms</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Interest Expense</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Legal and Audit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Promotion and Public Relations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Liability Insurance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Others</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Total</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Item</th>
<th>Current Yr.</th>
<th>Previous Yr.</th>
<th>Prior Yr.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Item</th>
<th>Current Yr.</th>
<th>Previous Yr.</th>
<th>Prior Yr.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Whole Blood</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Packed Red Cells</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Regular</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) Frozen</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c) Liquid Washed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Platelet Concentrates</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Fresh Frozen Plasma</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Platelet Rich Plasma</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Cryoprecipitate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (Please Specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
B. Please indicate the number of units of whole blood and components delivered to other blood centers within the GMC Area.

<table>
<thead>
<tr>
<th>Component</th>
<th>Current Yr.</th>
<th>Previous Yr.</th>
<th>Prior Yr.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Whole Blood</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Packed Red Cells</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Regular</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) Frozen</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c) Liquid Washed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Platelet Concentrates</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Fresh Frozen Plasma</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Platelet Rich Plasma</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Cryoprecipitate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (Please Specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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):

<table>
<thead>
<tr>
<th>1. Whole Blood</th>
<th>Current Yr.</th>
<th>Previous Yr.</th>
<th>Prior Yr.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Packed Red Cells</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Regular</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) Frozen</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c) Liquid Washed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Platelet Concentrates</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Fresh Frozen Plasma</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Platelet Rich Plasma</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Cryoprecipitate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (Please Specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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)

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-inventory control hospital within the CMC area. (Use separate sheet for each hospital in this category.)*

<table>
<thead>
<tr>
<th>1. Name of Hospital Served</th>
<th>Current Yr.</th>
<th>Previous Year</th>
<th>Prior Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Whole Blood</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) Packed Red Cells</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Regular</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Frozen</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Liquid Washed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c) Platelet Concentrates</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(d) Fresh Frozen Plasma</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(e) Platelet Rich Plasma</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(f) Cryoprecipitate</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Vehicle (Model)</th>
<th>Year</th>
<th>Manufacturer</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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?


7. 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
Table of Contents

Definitions 1

Questionnaire 1

I. Information 1
II. Volume of Activity 2
III. Staffing 5
IV. Inventory Policy 12
V. Supply and Delivery of Blood 17
VI. Blood Center Facilities 18
VII. Satellite Facilities 19
VIII. Delivery and Routing Procedure 20
IX. Laboratory Equipment 21
X. Vehicles 22
XI. Consultation 23
XII. Education 23
XIII. Research 23
XIV. Training in Related Areas 24
The terms defined on these two pages are identified in the subsequent questionnaire by quotation marks.
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.
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.
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

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

* (Do not include units outdated in this section.)
### D. Number of Units "Outdated" at Community Blood Center

<table>
<thead>
<tr>
<th>Type</th>
<th>Current Year</th>
<th>Previous Year</th>
<th>Prior Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whole Blood</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Packed Red Cells</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Regular</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) Frozen</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c) Liquid Washed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Platelet Concentrates</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fresh Frozen Plasma</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Platelet Rich Plasma</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cryoprecipitate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (Please Specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Current Year</th>
<th>Previous Year</th>
<th>Prior Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plasmapheresis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plateletpheresis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Machine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) Manual Method</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leukopheresis</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Test</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ABO/RH test</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Antibody screening</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Syphilis screening</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. RIA testing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Other (Please specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Mode</th>
<th>Current Yr.</th>
<th>Previous Yr.</th>
<th>Prior Yr.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Blood Assurance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Replacement</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Community Service</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Altruism</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Paid Donors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Autologous</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Special Blood Users</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(i.e., hemophiliacs, leukemias, etc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Other (Please Specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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).

<table>
<thead>
<tr>
<th>Classification</th>
<th>Current Yr.</th>
<th>Previous Yr.</th>
<th>Prior Yr.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Administrative:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Administrator</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) Controller/Accountant</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c) Admin. Assistant</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(d) Technical Director</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(e) Medical Director</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(f) Research Personnel</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(g) Technical Education Personnel</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(h) Clerical</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (Please specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(i)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(j)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Processing:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Supervisor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) Technologists (Registered)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c) Technicians (Non-registered)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(d) Laboratory Aides</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(e) Clerical</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (Please specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(f)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(g)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### STAFFING (cont'd)

3. Phlebotomy (at center)  
   
<table>
<thead>
<tr>
<th></th>
<th>Current Yr.</th>
<th>Previous Yr.</th>
<th>Prior Yr.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Supervisor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) Phlebotomists</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c) Aides</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(d) Clerical</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (Please specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(e)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(f)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Mobile Sites  

<table>
<thead>
<tr>
<th></th>
<th>Current Yr.</th>
<th>Previous Yr.</th>
<th>Prior Yr.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Supervisor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) Phlebotomists</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c) Aides</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(d) Clerical</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(e) Drivers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (Please specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(f)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(g)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. Donor Services:  

<table>
<thead>
<tr>
<th></th>
<th>Current Yr.</th>
<th>Previous Yr.</th>
<th>Prior Yr.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Supervisor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) Recruiters</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c) Clerical</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (Please specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(d)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Staffing (continued)

<table>
<thead>
<tr>
<th></th>
<th>Current Yr.</th>
<th>Previous Yr.</th>
<th>Prior Yr.</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Inventory Control &amp; Distribution:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Supervisor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) Drivers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c) Clerical</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (Please specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(d)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(e)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. Support Personnel:

<table>
<thead>
<tr>
<th></th>
<th>Current Yr.</th>
<th>Previous Yr.</th>
<th>Prior Yr.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Housekeeping</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) Maintenance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (Please specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(d)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
B. Please draw your organizational table in the space below, or include a copy of your organizational chart.
C. Please indicate below the tasks "volunteers" perform for you, and the average number of hours of "effective time" of volunteers per week.

<table>
<thead>
<tr>
<th></th>
<th>Current Yr.</th>
<th>Previous Yr.</th>
<th>Prior Yr.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Administrative:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Administrator</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) Controller/Accountant</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c) Admin. Assistant</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(d) Technical Director</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(e) Medical Director</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(f) Research Personnel</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(g) Technical Education</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personnel</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(h) Clerical</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (Please specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(i)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(j)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Processing:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Supervisor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) Technologists (Registered)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c) Technicians (Non-registered)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(d) Laboratory Aides</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(e) Clerical</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (Please specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(f)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(g)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### STAFFING (cont'd)

<table>
<thead>
<tr>
<th>3. Phlebotomy (at center)</th>
<th>Current Yr.</th>
<th>Previous Yr.</th>
<th>Prior Yr.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Supervisor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) Phlebotomists</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c) Aides</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(d) Clerical</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(e) Phoning of Donors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (Please Specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(f)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(g)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Mobile Sites</th>
<th>Current Yr.</th>
<th>Previous Yr.</th>
<th>Prior Yr.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Supervisor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) Phlebotomists</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c) Aides</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(d) Clerical</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(e) Drivers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(f) Donor History</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(g) Refreshment Area</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(h) Screening Area</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (Please Specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(i)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(j)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Donor Services</th>
<th>Current Yr.</th>
<th>Previous Yr.</th>
<th>Prior Yr.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Supervisor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) Recruiters</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c) Clerical</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### STAFFING (cont'd)

<table>
<thead>
<tr>
<th></th>
<th>Current Yr.</th>
<th>Previous Yr.</th>
<th>Prior Yr.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(d)</td>
<td>P.R. Activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(e)</td>
<td>Donor Scheduling</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other (Please Specify)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(f)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(g)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 6. Inventory Control & Distribution:

<table>
<thead>
<tr>
<th></th>
<th>Current Yr.</th>
<th>Previous Yr.</th>
<th>Prior Yr.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
<td>Supervisor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b)</td>
<td>Drivers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c)</td>
<td>Clerical</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other (Please Specify)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(d)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(e)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 7. Support Personnel:

<table>
<thead>
<tr>
<th></th>
<th>Current Yr.</th>
<th>Previous Yr.</th>
<th>Prior Yr.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
<td>Housekeeping</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b)</td>
<td>Maintenance</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other (Please Specify)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(d)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
IV. INVENTORY POLICY

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

<table>
<thead>
<tr>
<th></th>
<th>Current Yr.</th>
<th>Previous Yr.</th>
<th>Prior Yr.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Whole Blood</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Packed Red Cells</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Regular</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) Frozen</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c) Liquid Washed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Platelet Concentrates</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Fresh Frozen Plasma</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Platelet Rich Plasma</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Cryoprecipitate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (Please Specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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?

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

<table>
<thead>
<tr>
<th>Number of Supplemental Suppliers</th>
<th>Current Yr.</th>
<th>Previous Yr.</th>
<th>Prior Yr.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Whole Blood</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) Packed Red Cells</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Regular</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Frozen</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Liquid Washed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c) Platelet Concentrates</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(d) Fresh Frozen Plasma</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(e) Platelet Rich Plasma</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(f) Cryoprecipitate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (Please Specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(g)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(h)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(i)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
INVENTORY POLICY (cont'd)

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

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

<table>
<thead>
<tr>
<th></th>
<th>Whole Blood</th>
<th>Packed Red Cells</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 positive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 negative</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A positive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A negative</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B positive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B negative</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AB positive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AB negative</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Current</th>
<th>Previous</th>
<th>Prior</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>liters</td>
<td>liters</td>
<td>liters</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th></th>
<th>Current Yr.</th>
<th>Previous Yr.</th>
<th>Prior Yr.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Whole Blood</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Packed Red Cells</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Regular</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) Frozen</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c) Liquid Washed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Platelet Concentrates</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Fresh Frozen Plasma</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Platelet Rich Plasma</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Cryoprecipitate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (Please Specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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 ____________________
X. VEHICLES

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

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Number of Vehicles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transportation of Blood</td>
<td></td>
</tr>
<tr>
<td>Recruitment</td>
<td></td>
</tr>
<tr>
<td>Mobile Drawing</td>
<td></td>
</tr>
</tbody>
</table>
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?

__________________________________________________________________________
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
# Table of Contents

Notice of Grant Awarded ............................................. 1
Project Personnel .................................................... 111
Objectives of Project .............................................. 111
Definitions .......................................................... 114

Questionnaire ........................................................ 1

I. Information ....................................................... 1
II. Volume of Activity ........................................... 2
III. Staffing .......................................................... 7
IV. Inventory Policy ............................................... 10
V. Facilities .......................................................... 12
VI. Laboratory Equipment ...................................... 13
VII. Vehicles .......................................................... 14
VIII. Consultation ................................................... 15
IX. Education ........................................................ 15
X. Research .......................................................... 15
XI. Training in Related Areas ................................... 16
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH RESOURCES ADMINISTRATION
ROCKVILLE, MARYLAND 20852

May 10, 1977

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

NATIONAL CENTER FOR HEALTH SERVICES RESEARCH

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. Sloot
Chief, Grants Administration Branch

Enclosures

cc: Business Office
NOTICE OF GRANT AWARDED

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Public Health Service

NOTICE OF GRANT AWARDED

To the extent consistent with Federal Statutes and Regulations, and Public

Awarded Grant

Training Grant

CFDA - 13.226 P.L. 93-353

Regionalization of Blood Banking Services

Title of Project or Area of Training

Grantee Institution

Northern State University

633 Clark Street

Evanston, Ill. 60201

Principal Investigator or Program Director

Pierskalla, William P

NORTHERN STATE UNIVERSITY

TECHNOLOGICAL INSTITUTE

Evanston, Ill. 60201

DATE ISSUED: May 10, 1977

Grant Number 1 R01 HS02634-01 OCT

TOTAL PROJECT PERIOD

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

GRANT PERIOD

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

1C

APPROVED BUDGET

AWARD COMPUTATION

FOR BUDGET PERIOD

8/1/77 Through 7/31/78

Personnel...

$19,928

Consultant Services...

$6,068

Equipment...

$300

Travel-Domestic...

$3,920

Travel-Foreign...

$200

Hospitalization...

$200

Outpatient Costs...

$0

Alterations and Renovations...

$0

Publication Costs...

$0

Other...

$30,445

Total Direct Costs...

$60,661

1. DIRECT COSTS...

$60,661

2. INDIRECT COSTS...

$11,753

(Calculated at 67% of direct costs)

3. 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 $35,872

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 7-439001 41.4A

Paying Grantee: Northern State University

PHS List Number: HS 53-77

PHS Transaction Number: BIHS02634A

Recommending National Advisory Council or Committee

Signature of PHS Official

Ralph L. Stoltz

Chief, Grants Administration Branch

National Center for Health Services Research

VICE PRESIDENT AND CONTROLLER

NORTHERN STATE UNIVERSITY

312-885-60201
TITLE OF PROJECT
REGIONALIZATION OF BLOOD BANKING SERVICES

LET THIS SPACE TO ABSTRACT YOUR PROPOSED RESEARCH, OUTLINE OBJECTIVES AND METHODS. UNDERLINE 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 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, outdates, administration, information, transportation, etc. The economics of scale from the reduction of shortages, outdates, 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.
DEFINITIONS

The terms defined on the following page are identified in the subsequent questionnaire by quotation marks when the term first appears.
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 -180°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

<table>
<thead>
<tr>
<th></th>
<th>1977</th>
<th>1976</th>
<th>1975</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Number of &quot;Units&quot; Transfused:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Whole Blood</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Red Cells</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Regular</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Frozen</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Liquid Stored Washed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. &quot;Leukocyte Poor&quot;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Fresh Frozen Plasma</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Platelet Concentrate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Platelet Rich Plasma</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Cryoprecipitate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Pheresis Products</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Platelet</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Leukocyte</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B. Total Number of Crossmatches performed:

C. Number of Units "Outdated" at Hospital Blood Bank

<table>
<thead>
<tr>
<th></th>
<th>1977</th>
<th>1976</th>
<th>1975</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Whole Blood</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Red Cells</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Regular</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Frozen</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Liquid Stored Washed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Leukocyte Poor</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


### VOLUME OF ACTIVITY (Cont'd)

<table>
<thead>
<tr>
<th></th>
<th>1977</th>
<th>1976</th>
<th>1975</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Fresh Frozen Plasma</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Platelet Concentrate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Platelet Rich Plasma</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Cryoprecipitate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Pheresis Products</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Platelet</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Leukocyte</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ABO/RH Confirmation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Antibody Screening</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Syphilis Positive Screening</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Hepatitis B Antigen Testing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>1977</th>
<th>1976</th>
<th>1975</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
VOLUME OF ACTIVITY (Cont'd)

<table>
<thead>
<tr>
<th></th>
<th>1977</th>
<th>1976</th>
<th>1975</th>
</tr>
</thead>
<tbody>
<tr>
<td>F. Number of Therapeutic Procedures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Phlebotomies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Plasmapheresis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Plateletpheresis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th></th>
<th>1977</th>
<th>1976</th>
<th>1975</th>
</tr>
</thead>
<tbody>
<tr>
<td>H. Number of Units of Blood Drawn:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. At Blood Bank</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. On Mobiles</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I. How Many Donations were Given for the Following Modes of Recruitment?

<table>
<thead>
<tr>
<th></th>
<th>1977</th>
<th>1976</th>
<th>1975</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Blood Assurance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Replacement</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Community Service</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Altruism</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Payment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Autologous</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Special Blood Users (i.e., hemophiliacs, leukemias, etc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
VOLUME OF ACTIVITY (Cont'd)

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. 

K. Does your Blood Bank Produce any of the Following "Pheresis Concentrates":

<table>
<thead>
<tr>
<th></th>
<th>1977</th>
<th>1976</th>
<th>1975</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#Donations</td>
<td>Units</td>
<td>#Don.</td>
</tr>
</tbody>
</table>

1. Plasmapheresis

2. Plateletpheresis
   a. Machine
   b. Manual Method

3. Combined Leukocyte and Plateletpheresis

4. Leukapheresis
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-Transfusible" Blood during these Recording Periods*

<table>
<thead>
<tr>
<th></th>
<th>1977</th>
<th>1976</th>
<th>1975</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Hepatitis B Antigen</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positive</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Syphilis Positive</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Short Units</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Responsibilities in Blood Bank or Transfusion Service</th>
<th>Full Time</th>
<th>Part Time*</th>
<th>On Call</th>
</tr>
</thead>
</table>

#### A. Technical Supervisors

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.*
STAFFING (Cont'd)

D. Clerical Personnel (Cont'd)

<table>
<thead>
<tr>
<th>Other (please specify)</th>
<th>Full Time</th>
<th>Part Time</th>
<th>On Call</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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).

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

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.

<table>
<thead>
<tr>
<th>Type</th>
<th>Whole Blood</th>
<th>Red Cells</th>
</tr>
</thead>
<tbody>
<tr>
<td>O positive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>O negative</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A positive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A negative</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B positive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B negative</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AB positive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AB negative</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.)

<table>
<thead>
<tr>
<th>1. Name of Supplemental Supplier</th>
<th>1977</th>
<th>1976</th>
<th>1975</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Whole Blood</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Red Cells</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Regular</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ii. Frozen</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>iii. Liquid Stored Washed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>iv. Leukocyte Poor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Fresh Frozen Plasma</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Platelet Concentrate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Platelet Rich Plasma</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Cryoprecipitate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Pheresis Products</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Platelet</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ii. Leukocyte</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.
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? ____________________________
**VEHICLES**

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

<table>
<thead>
<tr>
<th>Vehicle (Model)</th>
<th>Year</th>
<th>Manufacturer</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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 ______________________
Data Base Schema
- RECORD TYPE 1

A 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,
   Card 1 columns 3 - 5 type (I)
   Missing= blank

2. A1,
   Name
   Card 1 columns 6 - 25 type (A)
   Missing= blank

3. AE3
   Address
   Style to appear on letterhead
   Card 1 columns 26 - 45 type (A)
   Missing= blank

4. AE3
   E-W Coordinate
   Card 1 columns 46 - 51 type (I)
   Missing= blank

5. AE3
   Telephone
   Card 1 columns 52 - 59 type (A)
   Missing= blank

6. AE3
   County
   Card 2 columns 1 - 20 type (A)
   Missing= blank

7. AE3
   Administrative Director
   Card 2 columns 21 - 40 type (A)
   Missing= blank

8. AE3
   Technical Director
   Card 2 columns 41 - 60 type (A)
   Missing= blank

9. AE3
   Medical Director
   Card 2 columns 1 - 20 type (A)
   Missing= blank

10. AE3
    Medical Director
    Card 2 columns 21 - 40 type (A)
    Missing= blank
FILE REGULATORY RECORD 1 DETAIL LIST

V.12. A11, A12, A13, A14, A15, A16, A17,

1.425A, 2.425B

ACADEMIC
MEDICAL DIRECTOR

APPOINTMENT OF

CARD 2 COLUMNS 1 - 4, TYPE (A)
MISSING = BLANK

V.11. A11,

FISCAL YEAR

THIS VARIABLE WILL SPECIFY

THE INITIAL MONTH OF THE
FISCAL YEAR

CARD 3 COLUMNS 41 - 48 TYPE (A)
MISSING = BLANK

V.12. A12,

FINANCIAL DATA

THE FINANCIAL DATA IS

THE BASIS OF A FISCAL OR CALENDAR YEAR

CARD 3 COLUMNS 49 TYPE (I)
MISSING = BLANK

1 = FISCAL

2 = CALENDAR

V.13. 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

V.14. A14,

RELEASE

PERMISSION

CARD 3 COLUMN 51 TYPE (I)
MISSING = BLANK

1 = TOTALITY

2 = PARTIAL

3 = NOT AT ALL

V.15. A15,

FDA LICENSE HOLDER?

CARD 3 COLUMN 52 TYPE (I)
MISSING = BLANK

1 = YES

2 = NO

V.16. A16,

FLA

LIC. PENDING?

CARD 3 COLUMN 53 TYPE (I)
MISSING = BLANK

1 = YES

2 = NO

V.17. A17,

MEMBER OF AABBP?

CARD 3 COLUMN 54 TYPE (I)
MISSING = BLANK

1 = YES

2 = NO
16. ARE YOU A MEMBER OF AAB? 7  
CARD 3 COLUMN 55 TYPE (I)  
MISSING= BLANK  
1 = YES 2 = NO  

19. ARE YOU A MEMBER OF COUNCIL OF CBC?  
CARD 3 COLUMN 56 TYPE (I)  
MISSING= BLANK  
1 = YES 2 = NO  

20. AMOUNT OF MONTHS OF DATA, CURRENT YEAR  
CARD 3 COLUMNS 57 - 58 TYPE (I)  
MISSING= BLANK  

3. AMOUNT OF MONTHS OF DATA, PREV.  
CARD 3 COLUMNS 59 - 60 TYPE (I)  
MISSING= BLANK  

4. AMOUNT OF MONTHS OF DATA, PRIOR YR  
CARD 3 COLUMNS 61 - 62 TYPE (I)  
MISSING= BLANK
FILE REGOBDU RECORD 2 DETAILED LIST

--- RECORD TYPE 2 ---

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. VOLUME
   CARD 1 COLUMNS 3 - 5 TYPE (1)
   MISSING = BLANK

V2. YEAR, YEAR CAT. FOR DATA (SORT)
   CARD 1 COLUMNS 6 TYPE (1)
   Missing = Blank

V3. B1, A1-NaHCL BLOOD DRAWN AT 8
   CARD 1 COLUMNS 7 - 12 TYPE (1)
   Missing = Blank

V4. B2, A2-KB DRAWN ON
   CARD 1 COLUMNS 13 - 18 TYPE (1)
   Missing = Blank

V5. B3, A3-KB DRAWN AT SAT. STATIONS
   CARD 1 COLUMNS 19 - 24 TYPE (1)
   Missing = Blank

V6. B4, A4-A FC REGULAR
   CARD 1 COLUMNS 25 - 30 TYPE (1)
   Missing = Blank

V7. B5, A5-B FC FROZEN
   CARD 1 COLUMNS 31 - 36 TYPE (1)
   Missing = Blank

V8. B6, A6-C FC
   CARD 1 COLUMNS 37 - 42 TYPE (1)
   Missing = Blank

V9. B7, A7-E2 FL CONCENTRATES
   CARD 1 COLUMNS 43 - 48 TYPE (1)
   Missing = Blank

TCR SYSTEM 1.1

MCBILES
<table>
<thead>
<tr>
<th>No.</th>
<th>Description</th>
<th>Column</th>
<th>Type</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>B.3 - FRESH</td>
<td>CARD 1</td>
<td>49 - 54</td>
<td>TYPE (I) MISSING = BLANK</td>
</tr>
<tr>
<td>10</td>
<td>E.4 - PLAT. RICH PLASMA</td>
<td>CARD 1</td>
<td>55 - 60</td>
<td>TYPE (I) MISSING = BLANK</td>
</tr>
<tr>
<td>11</td>
<td>B.5 - CRYO</td>
<td>CARD 1</td>
<td>61 - 66</td>
<td>TYPE (I) MISSING = BLANK</td>
</tr>
<tr>
<td>12</td>
<td>B.6 - LEUKO. FREE PC</td>
<td>CARD 2</td>
<td>7 - 72</td>
<td>TYPE (I) MISSING = BLANK</td>
</tr>
<tr>
<td>13</td>
<td>B.6 - LEUKO. LONG</td>
<td>CARD 2</td>
<td>1 - 6</td>
<td>TYPE (I) MISSING = BLANK</td>
</tr>
<tr>
<td>14</td>
<td>B.6 - SINGLE DONOR PLASMA</td>
<td>CARD 2</td>
<td>7 - 12</td>
<td>TYPE (I) MISSING = BLANK</td>
</tr>
<tr>
<td>15</td>
<td>B.6 - MISC.</td>
<td>CARD 2</td>
<td>13 - 18</td>
<td>TYPE (I) MISSING = BLANK</td>
</tr>
<tr>
<td>16</td>
<td>C.1 - RIA +</td>
<td>CARD 2</td>
<td>19 - 24</td>
<td>TYPE (I) MISSING = BLANK</td>
</tr>
<tr>
<td>17</td>
<td>C.2 - SYPHILIS</td>
<td>CARD 2</td>
<td>25 - 30</td>
<td>TYPE (I) MISSING = BLANK</td>
</tr>
<tr>
<td>18</td>
<td>C.3 - SHORT UNITS</td>
<td>CARD 2</td>
<td>31 - 36</td>
<td>TYPE (I) MISSING = BLANK</td>
</tr>
<tr>
<td>19</td>
<td>C.4 - CONTAMINATED</td>
<td>CARD 2</td>
<td>37 - 42</td>
<td>TYPE (I) MISSING = BLANK</td>
</tr>
<tr>
<td>20</td>
<td>C.4 - OTHERS</td>
<td>CARD 2</td>
<td>43 - 48</td>
<td>TYPE (I) MISSING = BLANK</td>
</tr>
<tr>
<td>21</td>
<td>C.4 - OTHERS</td>
<td>CARD 2</td>
<td>49 - 54</td>
<td>TYPE (I) MISSING = BLANK</td>
</tr>
<tr>
<td>22</td>
<td>C.4 - OTHERS</td>
<td>CARD 2</td>
<td>55 - 60</td>
<td>TYPE (I) MISSING = BLANK</td>
</tr>
</tbody>
</table>
FILE RECORD RECORD & DETAILED LIST

V23. B22,     L2-W8 OUTDATES
   CARD 2 COLUMNS 6 - 20 TYPE (I)
   MISSING = BLANK

   CARD 2 COLUMNS 67 - 72 TYPE (I)
   MISSING = BLANK

V25. B24,     L60-PRC FRZEN
   CARD 3 COLUMNS 6 - 8 TYPE (I)
   MISSING = BLANK

V26. B25,     L60-PRC LIQ. WASHED
   CARD 3 COLUMNS 7 - 22 TYPE (I)
   MISSING = BLANK

V27. B26,     D3-PL CONC.
   CARD 4 COLUMNS 13 - 18 TYPE (I)
   MISSING = BLANK

V28. B27,     D5-FRESH FRZ. PLASMA
   CARD 3 COLUMNS 19 - 24 TYPE (I)
   MISSING = BLANK

V29. B28,     D5- RICH PLASMA
   CARD 3 COLUMNS 25 - 30 TYPE (I)
   MISSING = BLANK

V30. B29,     D6-CRYO
   CARD 3 COLUMNS 31 - 36 TYPE (I)
   MISSING = BLANK

V31. B30,     D7-LEUKO. FREE PC
   CARD 3 COLUMNS 37 - 42 TYPE (I)
   MISSING = BLANK

V32. B31,     D7-LEUKO. CONC.
   CARD 3 COLUMNS 43 - 48 TYPE (I)
   MISSING = BLANK

V33. B32,     D7-SINGLE DONOR PLASMA
   CARD 3 COLUMNS 49 - 54 TYPE (I)
   MISSING = BLANK

V34. B33,     D7-MISC
   CARD 2 COLUMNS 55 - 60 TYPE (I)
   MISSING = BLANK

V35. B34,     L6-PLASMA
   CARD 3 COLUMNS 61 - 66 TYPE (I)
   MISSING = BLANK
IN SYSTEM 1.1
LE REGULAR RECORD 2 DETAILLED LIST
36. B86, E8-PLASMA UNITS
   CARD 4 COLUMNS 67 - 72 TYPE (I)
   MISSING = BLANK

37. B35, E8-A-FLAT MAC
   CARD 4 COLUMNS 1 - 12 TYPE (I)
   MISSING = BLANK

38. B27, E2-8-FLAT MAN DON
   CARD 4 COLUMNS 1 - 12 TYPE (I)
   MISSING = BLANK

39. B36, FLAT MAN UNITS
   CARD 4 COLUMNS 13 - 18 TYPE (I)
   MISSING = BLANK

40. B39, E3-LEUK
   CARD 4 COLUMNS 9 - 24 TYPE (I)
   MISSING = BLANK

41. B40, H8-BLド ASSURANCE
   CARD 4 COLUMNS 25 - 30 TYPE (I)
   MISSING = BLANK

42. B41, H8-REPLACEMENT
   CARD 4 COLUMNS 31 - 36 TYPE (I)
   MISSING = BLANK

43. B42, H8-
   CARD 4 COLUMNS 37 - 42 TYPE (I)
   MISSING = BLANK

44. B43, H84-ALTRUISM
   CARD 4 COLUMNS 43 - 46 TYPE (I)
   MISSING = BLANK

45. B44, H8-PAI SAL DONORS
   CARD 4 COLUMNS 49 - 54 TYPE (I)
   MISSING = BLANK

46. B45, H8-AUTOLUMBUS
   CARD 4 COLUMNS 55 - 60 TYPE (I)
   MISSING = BLANK

47. B46, H8-SPECIAL
   CARD 4 COLUMNS 61 - 66 TYPE (I)
   MISSING = BLANK

48. B47, H8-PREPLACEM
   CARD 4 COLUMNS 67 - 72 TYPE (I)
   MISSING = BLANK

49. B48, CARD 5 COLUMNS . - 6 TYPE (I)
   MISSING = BLANK

50. B48, H8-OTHER
FILE 'RECORD' RECORD 2 DETAILED LIST

V50  849,  H.E. OTHER
   CARD 5 COLUMNS 7 - 12 TYPE (I)
   MISSING= BLANK

V510  814,  H.E. OTHER
   CARD 5 COLUMNS 13 - 20 TYPE (I)
   MISSING= BLANK
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. \text{DNUM},
   
   Columns 3 - 5 Type (I)
   
   Missing = Blank

2. \text{BA2},
   
   F.1-Other uses for pheresis mach?
   
   Column 6 Type (I)
   
   Missing = Blank

   1 = Yes
   2 = No

3. \text{BA3},
   
   F.2-List uses
   
   This can only take 40 spaces
   
   Columns 7 - 40 Type (A)
   
   Missing = Blank

4. \text{BA4},
   
   F.3-Proc. per year
   
   Columns 41 - 50 Type (I)
   
   Missing = Blank

5. \text{BA5},
   
   G.1-ABC-RH test
   
   Column 51 Type (I)
   
   Missing = Blank

   1 = Yes
   2 = No

6. \text{BA6},
   
   G.2-Anti-body screening
   
   Column 54 Type (I)
   
   Missing = Blank

   1 = Yes
   2 = No

7. \text{BA7},
   
   G.3-Syphilis screening
   
   Column 55 Type (I)
   
   Missing = Blank

   1 = Yes
   2 = No

8. \text{BA8},
   
   G.4-KIA testing
   
   Column 56 Type (I)
   
   Missing = Blank
FILE REGBLOD RECORD 3 DETAILED LIST

1 = YES

v6. BAO, G. EOTHER
    COLUMN 57 TYPE (I)
    MISSING = BLANK

2 = NO

v9. BAI, G. EOTHER
    COLUMN 58 TYPE (I)
    MISSING = BLANK

1 = YES

2 = NO

v10. BAJ, G. EOTHER
    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 C256 are volunteer effective hours/week. It will take 23 data cards to fill this record.

Maximum of this record type per case 3
Maximum of record type on data file 36
Number of cards in data record 23

DRT IDENTIFIER = YEAR

1. I

   CARD 1 COLUMNS 3 - 5 TYPE (I)
   MISSING = BLANK

2. C1, A1.A-ADMIN-ADMINISTRATOR

   CARD 1 COLUMNS 7 - 13 TYPE (F7.2)
   MISSING = BLANK

3. C2, A1.B-ADMIN-

   CARD 1 COLUMNS 14 - 20 TYPE (F7.2)
   MISSING = BLANK


   CARD 1 COLUMNS 21 - 27 TYPE (F7.2)
   MISSING = BLANK

5. C4, A1.D-

   CARD 1 COLUMNS 28 - 34 TYPE (F7.2)
   MISSING = BLANK

6. C5, A1.E-ADMIN-MED. DIRECTOR

   CARD 1 COLUMNS 35 - 41 TYPE (F7.2)
   MISSING = BLANK

7. C6, A1.F-ADMIN-RESEARCH PERS.

   CARD 1 COLUMNS 42 - 48 TYPE (F7.2)
   MISSING = BLANK


   EDUCATION PERS.

   CARD 1 COLUMNS 49 - 55 TYPE (F7.2)
   MISSING = BLANK
<table>
<thead>
<tr>
<th>CARD</th>
<th>COLUMNS</th>
<th>TYPE</th>
<th>MISSING</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-7</td>
<td>0-9</td>
<td>F7.2</td>
<td>BLANK</td>
</tr>
<tr>
<td>12-14</td>
<td>1-14</td>
<td>F7.2</td>
<td>BLANK</td>
</tr>
<tr>
<td>15-21</td>
<td>12-21</td>
<td>F7.2</td>
<td>BLANK</td>
</tr>
<tr>
<td>22-26</td>
<td>22-26</td>
<td>F7.2</td>
<td>BLANK</td>
</tr>
<tr>
<td>29-35</td>
<td>29-35</td>
<td>F7.2</td>
<td>BLANK</td>
</tr>
<tr>
<td>36-42</td>
<td>36-42</td>
<td>F7.2</td>
<td>BLANK</td>
</tr>
<tr>
<td>43-49</td>
<td>43-49</td>
<td>F7.2</td>
<td>BLANK</td>
</tr>
<tr>
<td>50-56</td>
<td>50-56</td>
<td>F7.2</td>
<td>BLANK</td>
</tr>
<tr>
<td>57-63</td>
<td>57-63</td>
<td>F7.2</td>
<td>BLANK</td>
</tr>
<tr>
<td>64-70</td>
<td>64-70</td>
<td>F7.2</td>
<td>BLANK</td>
</tr>
</tbody>
</table>
FILE RECLASS RECORD 4 DETAIL LIST

36. C36, A4.8-E- OTHER CARD 4 COLUMNS 29 - 35 TYPE (F7.2) MISSING = BLANK

37. C36, A4.8-E- OTHER CARD 4 COLUMNS 36 - 42 TYPE (F7.2) MISSING = BLANK

38. C37, A4.8-E- OTHER CARD 4 COLUMNS 43 - 49 TYPE (F7.2) MISSING = BLANK

39. C38, A4.8-E- OTHER CARD 4 COLUMNS 50 - 56 TYPE (F7.2) MISSING = BLANK

40. C39, A5.5-A-DONOR-SUPERVISOR CARD 4 COLUMNS 57 - 63 TYPE (F7.2) MISSING = BLANK

41. C40, A5.5-B-DONOR- RECRUITERS CARD 4 COLUMNS 64 - 70 TYPE (F7.2) MISSING = BLANK

42. C41, A5.5-C-DONOR-CLERICAL CARD 5 COLUMNS 2 - 7 TYPE (F7.2) MISSING = BLANK

43. C42, A5.5-D-OTHER CARD 5 COLUMNS 8 - 14 TYPE (F7.2) MISSING = BLANK

44. C43, A5.5-E-OTHER CARD 5 COLUMNS 15 - 21 TYPE (F7.2) MISSING = BLANK

45. C44, A5.5-F-OTHER CARD 5 COLUMNS 22 - 28 TYPE (F7.2) MISSING = BLANK

46. C45, A5.5-G-OTHER CARD 5 COLUMNS 29 - 35 TYPE (F7.2) MISSING = BLANK

47. C46, A5.5-A-INV-SUPERVISOR CARD 5 COLUMNS 36 - 42 TYPE (F7.2) MISSING = BLANK

48. C47, A5.5-B-INV-DRIVERS CARD 5 COLUMNS 43 - 49 TYPE (F7.2) MISSING = BLANK

49. C48, A5.5-C-INV-CLERICAL CARD 5 COLUMNS 50 - 56 TYPE (F7.2) MISSING = BLANK
<table>
<thead>
<tr>
<th>Card No.</th>
<th>Category</th>
<th>Columns</th>
<th>Type</th>
<th>Missing</th>
</tr>
</thead>
<tbody>
<tr>
<td>50</td>
<td>A.6.0-OTHER</td>
<td>57 - 63</td>
<td>F7.2</td>
<td>BLANK</td>
</tr>
<tr>
<td>51</td>
<td>A.6.0-OTHER</td>
<td>64 - 70</td>
<td>F7.2</td>
<td>BLANK</td>
</tr>
<tr>
<td>52</td>
<td>A.6.0-OTHER</td>
<td>71 - 77</td>
<td>F7.2</td>
<td>BLANK</td>
</tr>
<tr>
<td>53</td>
<td>A.6.0-OTHER</td>
<td>8 - 14</td>
<td>F7.2</td>
<td>BLANK</td>
</tr>
<tr>
<td>54</td>
<td>A.7.A-SUPPORT-</td>
<td>15 - 21</td>
<td>F7.2</td>
<td>BLANK</td>
</tr>
<tr>
<td></td>
<td>HOUSEKEEPING</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>55</td>
<td>A.7.B-SUPPORT-MAINTENANCE</td>
<td>22 - 28</td>
<td>F7.2</td>
<td>BLANK</td>
</tr>
<tr>
<td>56</td>
<td>A.7.C-OFFICE</td>
<td>29 - 35</td>
<td>F7.2</td>
<td>BLANK</td>
</tr>
<tr>
<td>57</td>
<td>A.7.D-OTHER</td>
<td>36 - 42</td>
<td>F7.2</td>
<td>BLANK</td>
</tr>
<tr>
<td>58</td>
<td>A.7.D-OTHER</td>
<td>43 - 49</td>
<td>F7.2</td>
<td>BLANK</td>
</tr>
<tr>
<td>59</td>
<td>A.7.O-OTHER</td>
<td>50 - 56</td>
<td>F7.2</td>
<td>BLANK</td>
</tr>
<tr>
<td>60</td>
<td>A.8-OTHER</td>
<td>57 - 63</td>
<td>F7.2</td>
<td>BLANK</td>
</tr>
<tr>
<td>61</td>
<td>A.6-OTHER</td>
<td>64 - 70</td>
<td>F7.2</td>
<td>BLANK</td>
</tr>
<tr>
<td>62</td>
<td>A.6-OTHER</td>
<td>71 - 77</td>
<td>F7.2</td>
<td>BLANK</td>
</tr>
</tbody>
</table>
FILE RECORD RECD 4 DETAILD LIST

V03. A. E-OTHER
CARD 7 COLUMNS 6 - 14 TYPE (F7.2)
MISSING = BLANK

V04. A. E-ADMIN-ADMINIS.
CARD 7 COLUMNS 15 - 22 TYPE (F7.2)
MISSING = BLANK

V06. A. E-ADMIN-
CARD 7 COLUMNS 23 - 28 TYPE (F7.2)
MISSING = BLANK

V07. C. ADMIN-TECH DIR.
CARD 7 COLUMNS 36 - 42 TYPE (F7.2)
MISSING = BLANK

V09. C. ADMIN-RESEARCH
CARD 7 COLUMNS 50 - 56 TYPE (F7.2)
MISSING = BLANK

V10. C. ADMIN-CLERICAL
CARD 7 COLUMNS 64 - 70 TYPE (F7.2)
MISSING = BLANK

V11. SUPERVISOR
CARD 7 COLUMNS 78 - 84 TYPE (F7.2)
MISSING = BLANK
I'REG ULED REEORD 4 CENALIZED LIST

77. C70       C.2.B-PROC-REG TECH
       CARD 8 COLUMNS 36 - 42 TYPE (F7.2)
       MISSING= BLANK

78. C77       C.2.C-PROC-
       CARD 8 COLUMNS 43 - 49 TYPE (F7.2)
       MISSING= BLANK

79. C76       C.2.D-PROC-LAB AIDES
       CARD 6 COLUMNS 32 - 38 TYPE (F7.2)
       MISSING= BLANK

80. C79       C.2.E-PROC-
       CARD 6 COLUMNS 57 - 63 TYPE (F7.2)
       MISSING= BLANK

01. C65       C.2.F-OTHER
       CARD 6 COLUMNS 64 - 70 TYPE (F7.2)
       MISSING= BLANK

62. C62       C.2.F-OTHER
       CARD 9 COLUMNS 1 - 7 TYPE (F7.2)
       MISSING= BLANK

83. C62       C.2.E-
       CARD 9 COLUMNS 6 - 14 TYPE (F7.2)
       MISSING= BLANK

84. C63       C.2.F-OTHER
       CARD 9 COLUMNS 20 - 26 TYPE (F7.2)
       MISSING= BLANK

85. C64       C.3.A-PHLEB-SUPERVISOR
       CARD 9 COLUMNS 22 - 28 TYPE (F7.2)
       MISSING= BLANK

86. C65       C.3.B-PHLEB-PHLEBOTOMISTS
       CARD 9 COLUMNS 24 - 30 TYPE (F7.2)
       MISSING= BLANK

87. C65       C.3.C-PHLEB-AIDES
       CARD 9 COLUMNS 32 - 38 TYPE (F7.2)
       MISSING= BLANK

88. C67       C.3.D-PHLEB-CLERICAL
       CARD 9 COLUMNS 41 - 47 TYPE (F7.2)
       MISSING= BLANK

90. C68       C.3.E-PHLEB-PHONING
       CARD 9 COLUMNS 50 - 56 TYPE (F7.2)
       MISSING= BLANK

91. C69       C.3.F-OTHER
       CARD 9 COLUMNS 57 - 63 TYPE (F7.2)
       MISSING= BLANK
FILE: REGULATED RECORD - DETAILED LIST

V91. C92,  C.4.F-OTHER
CARD 9, COLUMNS 6 - 7 TYPE (F7.2)
MISSING = BLANK

V92. C93,  C.4.F-OTHER
CARD 1, COLUMNS 8 - 14 TYPE (F7.2)
MISSING = BLANK

CARD 10, COLUMNS 15 - 21 TYPE (F7.2)
MISSING = BLANK

V94. C95,  C.4.A-MOBILE-SUPERVISOR
CARD 1, COLUMNS 22 - 28 TYPE (F7.2)
MISSING = BLANK

V95. C96,  C.4.A-MOBILE-ALIDES
CARD 2, COLUMNS 29 - 35 TYPE (F7.2)
MISSING = BLANK

CARD 3, COLUMNS 36 - 42 TYPE (F7.2)
MISSING = BLANK

CARD 4, COLUMNS 43 - 49 TYPE (F7.2)
MISSING = BLANK

CARD 5, COLUMNS 50 - 56 TYPE (F7.2)
MISSING = BLANK

CARD 6, COLUMNS 57 - 63 TYPE (F7.2)
MISSING = BLANK

CARD 7, COLUMNS 64 - 70 TYPE (F7.2)
MISSING = BLANK

CARD 8, COLUMNS 71 - 77 TYPE (F7.2)
MISSING = BLANK

V102. C100,  C.4.G-OTHER
CARD 9, COLUMNS 1 - 7 TYPE (F7.2)
MISSING = BLANK

CARD 10, COLUMNS 8 - 14 TYPE (F7.2)
MISSING = BLANK
<table>
<thead>
<tr>
<th>Card</th>
<th>Description</th>
<th>Columns</th>
<th>Type</th>
<th>Missing</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>C.3 OTHER</td>
<td>15-21</td>
<td>F7.2</td>
<td>Blank</td>
</tr>
<tr>
<td>5</td>
<td>C.4 OTHER</td>
<td>22-26</td>
<td>F7.2</td>
<td>Blank</td>
</tr>
<tr>
<td>5B</td>
<td>C.5.B DONOR-RECRUITERS</td>
<td>35-42</td>
<td>F7.2</td>
<td>Blank</td>
</tr>
<tr>
<td>5C</td>
<td>C.5.C DONOR-CLERICAL</td>
<td>43-49</td>
<td>F7.2</td>
<td>Blank</td>
</tr>
<tr>
<td>5D</td>
<td>C.5.D DONOR-PR ACTIVITIES</td>
<td>55-56</td>
<td>F7.2</td>
<td>Blank</td>
</tr>
<tr>
<td>5E</td>
<td>C.5.E DONOR-RECRUITERS</td>
<td>57-63</td>
<td>F7.2</td>
<td>Blank</td>
</tr>
<tr>
<td>6</td>
<td>C.6 OTHER</td>
<td>1-7</td>
<td>F7.2</td>
<td>Blank</td>
</tr>
<tr>
<td>6A</td>
<td>C.6.A INV-</td>
<td>8-14</td>
<td>F7.2</td>
<td>Blank</td>
</tr>
<tr>
<td>6C</td>
<td>C.6.C INV-</td>
<td>30-42</td>
<td>F7.2</td>
<td>Blank</td>
</tr>
</tbody>
</table>
FILE RECORD RECORD 4 DETAIL LIST

V1.8 C:27, C.0.O-OTHER CARD 12 COLUMNS 43 - 49 TYPE (F7.2) MISSING= BLANK

V1.9 C:18, C.0.O-OTHER CARD 12 COLUMNS 50 - 56 TYPE (F7.2) MISSING= BLANK

V1.10 C:19, C.0.O-OTHER CARD 12 COLUMNS 57 - 63 TYPE (F7.2) MISSING= BLANK

V1.11 C:20, C.0.O-OTHER CARD 12 COLUMNS 64 - 70 TYPE (F7.2) MISSING= BLANK

V1.12 C:21, C.0.A-SUPPORT- HOUSEKEEPING CARD 13 COLUMNS 1 - 7 TYPE (F7.2) MISSING= BLANK

V1.13 C:22, C.0.8-SUPPORT-MAINTENANCE CARD 12 COLUMNS 8 - 14 TYPE (F7.2) MISSING= BLANK

V1.14 C:23, C.7.O-OTHER CARD 12 COLUMNS 15 - 21 TYPE (F7.2) MISSING= BLANK

V1.15 C:24, C.7.O-OTHER CARD 12 COLUMNS 22 - 28 TYPE (F7.2) MISSING= BLANK

V1.16 C:25, C.7.O-OTHER CARD 12 COLUMNS 29 - 35 TYPE (F7.2) MISSING= BLANK

V1.17 C:26, C.7.O-OTHER CARD 12 COLUMNS 36 - 42 TYPE (F7.2) MISSING= BLANK
SYSTEM 1.1
THE REGISTRATION 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**

<table>
<thead>
<tr>
<th>RECORD TYPE</th>
<th>55</th>
<th>56</th>
<th>6</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
</table>

**COMMUNITY:**

<table>
<thead>
<tr>
<th>RECORD TYPE</th>
<th>55</th>
<th>56</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
</table>

**AXIMUM OF THIS RECORD TYPE PER CASE 1**

**NUMBER OF RECORDS OF THIS TYPE ON DATA FILE II**

**NUMBER OF CARDS IN DATA RECORD 1**

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

2. **DAJ**, B.1-DIR. OF TRANSSHIPMENT COLUMNS 6 TYPE (I) MISSING = BLANK

3. **DAZ**, C.1-OUTDATING COLUMNS 7 TYPE (I) MISSING = BLANK

4. **DAZ**, D.1-PAY FOR TRANS. UNITS COLUMNS 8 TYPE (I) MISSING = BLANK

5. **DAA**, E.2-PAY FOR ALL COLUMNS 9 TYPE (I) MISSING = BLANK

1 = HOSPITAL

2 = COMMUNITY CENTER

0 = NEITHER

1. **DAZ**, C.1-OUTDATING COLUMNS 7 TYPE (I) MISSING = BLANK

2 = COMPONENTS

3 = ALL

2 = COMMUNITY CENTER

0 = NEITHER

1 = HOSPITAL

2 = COMPONENTS

3 = ALL

FOR ALL
V5. DAY, B.3-PAY FOR EACH DAY HELD
COLUMN IC TYPE (I)
MISSING= BLANK
1 = WB-PRC
2 = COMP.
3 = ALL

V6. DAY, B.4-OTHER
COLUMN I1 TYPE (I)
MISSING= BLANK
1 = WB-PRC
2 = CCOMP.
3 = ALL

V7. DAY, B.7-PERCENT AT CENTRAL BANK
COLUMNS 12 - 20 TYPE (F10.4)
MISSING= BLANK
ILE REGBLOOD RECORD 6 DETAILED LIST

- RECORD TYPE 6

This record provides data on units of whole blood and components delivered to inventory controlled hospitals (HLAING 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

DATA IDENTIFIER 1 - YEAR

1. 1NUM9
   CARD 1 COLUMNS 3 - 5 TYPE (I)

2. YEAR
   CARD 1 COLUMN 6 TYPE (I)

3. D3, A2P-REGULAR
   CARD 1 COLUMNS 7 - 12 TYPE (I)
   MISSING = 0

4. D3, A2B-PRC-FROZEN
   CARD 1 COLUMNS 15 - 24 TYPE (I)
   MISSING = 0

5. D4, A2C-PRC-liquid WASHED
   CARD 1 COLUMNS 25 - 30 TYPE (I)
   MISSING = 0

6. D3, A3-PL CONCENTRATES
   CARD 1 COLUMNS 31 - 35 TYPE (I)
   MISSING = 0

7. D3, A4-FRESH FROZEN PLASMA
   CARD 1 COLUMNS 37 - 42 TYPE (I)
   MISSING = 0

8. D3, A5-PLASMA RICH PLASMA
   CARD 1 COLUMNS 43 - 48 TYPE (I)
   MISSING = 0

9. D3, A6-CRYO
   CARD 1 COLUMNS 49 - 54 TYPE (I)
   MISSING = 0
FILE REGULAR RECORD 6 DETAILED LIST

V11. D12 7.2.1-LEUKO.
    CARD 1 COLUMNS 25 - 30 TYPE (I)
    MISSING = 0

V12. D11 7.2.1-MISC.
    CARD 1 COLUMNS 61 - 66 TYPE (I)
    MISSING = 0

V13. D12 7.3.1-PRC-REGULAR
    CARD 2 COLUMNS 7 - 12 TYPE (I)
    MISSING = 0

V14. D13 7.3.2-PRC-FROZEN
    CARD 2 COLUMNS 13 - 18 TYPE (I)
    MISSING = 0

V15. D14 7.3.3-PRC-LIQUID WASHED
    CARD 2 COLUMNS 19 - 24 TYPE (I)
    MISSING = 0

V16. D15 7.4-FRESH FROZEN PLASMA
    CARD 2 COLUMNS 25 - 30 TYPE (I)
    MISSING = 0

V17. D16 7.4-PL CONCENTRATES
    CARD 2 COLUMNS 31 - 36 TYPE (I)
    MISSING = 0

V18. D17 7.5-PL RICH PLASMA
    CARD 2 COLUMNS 37 - 42 TYPE (I)
    MISSING = 0

V19. D18 7.6-CHELO
    CARD 2 COLUMNS 43 - 46 TYPE (I)
    MISSING = 0

V20. D19 7.6-LEUKO.
    CARD 2 COLUMNS 49 - 54 TYPE (I)
    MISSING = 0

V21. D20 7.6-MISC.
    CARD 2 COLUMNS 55 - 60 TYPE (I)
    MISSING = 0
- RECORD TYPE 7

THIS RECORD CONSISTS OF DATA ON INVENTORY CONTROL HOSPITALS FOR COMMUNITY CENTERS. THIS CORRESPONDS TO HEADING INV. ON THE COMMUNITY CENTER QUESTIONNAIRE. THIS RECORD IS SORTED BY LOCATION OF THE HOSPITAL (INV.C) 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 - INV.C
SORT IDENTIFIER 2 - YEAR

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

2. INV.C, COLUMNS 6 - 8 TYPE (I)

3. YEARS, COLUMNS 9 TYPE (I)

4. DB1, F.A.-WHOLE BLOOD COLUMNS 10 - 19 TYPE (I) MISSING = BLANK

5. DB2, F.R.-REGULAR P.R.C COLUMNS 16 - 21 TYPE (I) MISSING = BLANK

6. DB3, F.R.-FROZEN P.R.C COLUMNS 22 - 27 TYPE (I) MISSING = BLANK

7. DB4, F.R.-WASHED P.R.C COLUMNS 28 - 33 TYPE (I) MISSING = BLANK

8. DB5, F.E.-PL CONCENTRATES COLUMNS 34 - 49 TYPE (I) MISSING = BLANK

9. DB6, F.E.-FRESH FROZEN PLASMA COLUMNS 44 - 45 TYPE (I) MISSING = BLANK

10. DB7, F.E.-PL RICH PLASMA COLUMNS 46 - 52 TYPE (I) MISSING = BLANK
FILE KEVBUY RECORD 7 DETAIL LIST

v.0. DBGS
    f.g-GRYS
    COLUMNS 52 - 57 TYPE (I)
    MISSING = BLANK

v.1. DB90
    f.g-LEK0, FREE PC
    COLUMNS 68 - 69 TYPE (I)
    MISSING = BLANK

v.2. DB100
    f.g-MISC
    COLUMNS 64 - 69 TYPE (I)
    MISSING = BLANK
RECORD TYPE B

This record consists of data for supplemental suppliers or community blood centers (in GMC). The data contained here corresponds to heading 14.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 5 data cards.

Maximum of this record type per case 50
Number of records of this type on data file 87
Number of cards in data record 5

JT IDENTIFIER 1 - SUPS
JT IDENTIFIER 2 - YEAR

1. IUNUM
   COLUMN 3 - 5 TYPE (I)

2. SUPS
   COLUMN 6 - 9 TYPE (I)

3. YEAR
   COLUMN 9 TYPE (I)

4. QW
   G.A-Whole blood
   COLUMN 10 - 24 TYPE (I)
   MISSING= BLANK

5. QC
   G.A.1 regular PRC
   COLUMN 16 - 21 TYPE (I)
   MISSING= BLANK

6. QC1
   G.B.2
   COLUMN 22 - 27 TYPE (I)
   MISSING= BLANK

7. QC2
   G.B.3-washed PRC
   COLUMN 28 - 33 TYPE (I)
   MISSING= BLANK

8. QC3
   G.C-PL
   COLUMN 34 - 39 TYPE (I)
   MISSING= BLANK

9. QC4
   G.J-fresh frozen plasma
   COLUMN 40 - 45 TYPE (I)
   MISSING= BLANK

10. QC5
    G.E-PL
    COLUMN 46 - 51 TYPE (I)
    MISSING= BLANK

2/
FILE RECORD LIST OF DETAILED LIST

4.0
DCPS

G.5-FRYG

columns 50 - 57 type (I)
missing = blank

V110
DCG,

G.5-LEUKO, FREE PC

columns 58 - 64 type (I)
missing = blank

V120
DCIO,

G.5-MISC.

columns 64 - 69 type (I)
missing = blank

/22
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.

AXIMUM OF THIS RECORD TYPE PER CASE 250
NUMBER OF RECORDS OF THIS TYPE ON DATA FILE 465
NUMBER OF CARDS IN DATA RECORD 2

IDENTIFIER 1 = BRANCH
IDENTIFIER 2 = INV C

1. ILNUM
   COLUMNS 3 - 6  TYPE (I)

2. BRANCH
   COLUMNS 6 - 9  TYPE (I)

3. INV C
   COLUMNS 9 - 12 TYPE (I)

4. DBB 2
   NAME OR TOWN
   COLUMNS 12 - 31  TYPE (A)
   MISSING = BLANK

5. DBB 2
   N-S COORDINATE
   COLUMNS 32 - 37  TYPE (I)
   MISSING = BLANK

6. DBB 3
   E-W COORDINATE
   COLUMNS 38 - 43  TYPE (I)
   MISSING = BLANK
FILE RECBLOC RECORD -- DETAILED LIST

- RECORD TYPE 1 -

THIS RECORD CONSISTS OF SUPPLEMENTAL SUPPLIERS FOR NATIONAL CENTERS. THIS CORRESPONDS TO HEADING IV.12 ON THE NATIONAL QUESTIONNAIRE. THE RECORD IS SORTED BY THE YEAR INDEX (YEAR).

MAXIMUM OF THIS RECORc 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

1. DNUM;
   COLUMNS 3 - 5 TYPE (I)

2. YEAR;
   COLUMN 6 TYPE (I)

3. DQC1;
   COLUMNS 7 - 12 TYPE (I)
   MISSING = BLANK

4. DQC2;
   COLUMNS 13 - 16 TYPE (I)
   MISSING = BLANK

5. DQC3;
   COLUMNS 19 - 24 TYPE (I)
   MISSING = BLANK

6. DQC4;
   COLUMNS 25 - 30 TYPE (I)
   MISSING = BLANK

7. DQC5;
   COLUMNS 31 - 36 TYPE (I)
   MISSING = BLANK

8. DQC6;
   COLUMNS 37 - 42 TYPE (I)
   MISSING = BLANK

9. DQC7;
   COLUMNS 43 - 48 TYPE (I)
   MISSING = BLANK

10. DQC8;
    COLUMNS 49 - 54 TYPE (I)
    MISSING = BLANK

PLASMA
ILE RECODED RECORD TO DETAILED LIST

40. DCC9, G.G-LEUKO FREE PC
   COLUMNS 53 - 60 TYPE (I)
   MISSING= BLANK

11. DCC10, G.G-MISC.
   COLUMNS 61 - 68 TYPE (I)
   MISSING= BLANK
SIR SYSTEM 1.1
FILE REGCD RECORD 11 DETAILED LIST

- RECORD TYPE 1 -

THIS RECORD CONSISTS OF DATA FOR EXPENSES AT THE COMMUNITY CENTERS IN G MC. 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

SORT IDENTIFIER 1 = YEAR

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

2. YEAR
   CARD 1 COLUMN 6 TYPE (I)

2.1 A.1 - SALARIES
   CARD 1 COLUMNS 7 - 14 TYPE (I)
   MISSING = BLANK

2.2 A.2 - BENEFITS
   CARD 1 COLUMNS 15 - 22 TYPE (I)
   MISSING = BLANK

2.3 A.3 - FICA
   CARD 1 COLUMNS 23 - 30 TYPE (I)
   MISSING = BLANK

2.4 A.4 - RENT
   CARD 1 COLUMNS 31 - 38 TYPE (I)
   MISSING = BLANK

2.5 A.5 - RECRUING MATERIALS
   CARD 1 COLUMNS 39 - 46 TYPE (I)
   MISSING = BLANK

2.6 A.6 - PURCHASED SERVICES
   CARD 1 COLUMNS 47 - 54 TYPE (I)
   MISSING = BLANK

2.7 A.7 - ALL OTHER COSTS
   CARD 1 COLUMNS 55 - 62 TYPE (I)
   MISSING = BLANK

2.8 A.8 - TOTAL
   CARD 1 COLUMNS 1 - 8 TYPE (I)
   MISSING = BLANK
I' R SYSTEM 4 DETAIL ED LIST
10. E4, E.1-SALARIES
    CARD 2 COLUMNS 9 - 16 TYPE (I)
    MISSING = BLANK
11. E4, E.2-BENEFITS
    CARD 2 COLUMNS 17 - 24 TYPE (I)
    MISSING = BLANK
12. E4, E.3-FICA
    CARD 2 COLUMNS 25 - 32 TYPE (I)
    MISSING = BLANK
13. E4, E4, 4-REPAIR AND MAINTENANCE
    CARD 2 COLUMNS 33 - 40 TYPE (I)
    MISSING = BLANK
14. E4, E.5-RENT
    CARD 2 COLUMNS 41 - 48 TYPE (I)
    MISSING = BLANK
15. E4, E.6-BLOOD
    CARD 2 COLUMNS 49 - 56 TYPE (I)
    MISSING = BLANK
16. E4, E.7-SUPPLIES
    CARD 3 COLUMNS 1 - 8 TYPE (I)
    MISSING = BLANK
17. E4, E.8-OTHER COSTS
    CARD 3 COLUMNS 9 - 16 TYPE (I)
    MISSING = BLANK
18. E4, E.9-TOTAL
    CARD 3 COLUMNS 17 - 24 TYPE (I)
    MISSING = BLANK
19. E4, E.10-BLOOD BAGS
    CARD 3 COLUMNS 25 - 32 TYPE (I)
    MISSING = BLANK
20. E4, E.11-HOSP, DRAWING FEES
    CARD 3 COLUMNS 33 - 40 TYPE (I)
    MISSING = BLANK
21. E4, E.12-OTHERS
    CARD 3 COLUMNS 41 - 48 TYPE (I)
    MISSING = BLANK
22. E4, E.13-TOTAL
    CARD 3 COLUMNS 49 - 56 TYPE (I)
    MISSING = BLANK
23. E4, E.14-SALARIES
    CARD 4 COLUMNS 1 - 8 TYPE (I)
    MISSING = BLANK
S I R   S Y S T E M   1 * 1
FILE  REGBLOD RECORD -- DETAILLED LIST

V24.  E-3  E-2-BENEFITS
CARD 5 COLUMNS 9 - 10  TYPE (I)
MISSING = BLANK

V22.  E-24  E-2-FICA
CARD 4 COLUMNS 7 - 24  TYPE (I)
MISSING = BLANK

V20.  E-22  E-5-VAN LEAS- AND INS.
CARD 4 COLUMNS 25 - 32  TYPE (I)
MISSING = BLANK

V27.  E-26  D-6-BLOOD BAGS
CARD 4 COLUMNS 33 - 40  TYPE (I)
MISSING = BLANK

V28.  E-27  D-7-SUPPLIES
CARD 4 COLUMNS 41 - 48  TYPE (I)
MISSING = BLANK

V29.  E-28  D-8-GAS AND OIL
CARD 4 COLUMNS 49 - 56  TYPE (I)
MISSING = BLANK

V30.  E-29  CAR 5 COLUMNS 1 - 8  TYPE (I)
MISSING = BLANK

V31.  E-30  U-9-OTHER
CARD 5 COLUMNS 9 - 16  TYPE (I)
MISSING = BLANK

V32.  E-31  D-1-TOTAL
CARD 5 COLUMNS 17 - 24  TYPE (I)
MISSING = BLANK

V33.  E-32  E-1-SALARIES
CARD 5 COLUMNS 25 - 32  TYPE (I)
MISSING = BLANK

V34.  E-33  E-2-BENEFITS
CARD 6 COLUMNS 33 - 40  TYPE (I)
MISSING = BLANK

V35.  E-34  E-3-FICA
CARD 5 COLUMNS 41 - 48  TYPE (I)
MISSING = BLANK

V36.  E-35  E-4-KENT
CARD 5 COLUMNS 49 - 56  TYPE (I)
MISSING = BLANK

V37.  E-36  E-5-AMORTIZATION OF
CARD 6 COLUMNS 1 - 8  TYPE (I)
MISSING = BLANK
38. E37, E.C - SUPPLIES
   CARD 6 COLUMNS 9 - 20 TYPE (I)
   MISSING = BLANK

39. E30, E.1 - OTHER COSTS
   CARD 6 COLUMNS 21 - 32 TYPE (I)
   MISSING = BLANK

40. E30, E.2 - LAB
   CARD 6 COLUMNS 25 - 32 TYPE (I)
   MISSING = BLANK

41. E42, F.1 - SALARIES
   CARD 6 COLUMNS 29 - 41 TYPE (I)
   MISSING = BLANK

42. E41, F.2 - BENEFITS
   CARD 6 COLUMNS 41 - 53 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, MILEAGE TOTALS
   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.6 - TOTAL
   CARD 7 COLUMNS 33 - 40 TYPE (I)
   MISSING = BLANK

49. E55, G.1 - SALARIES
   CARD 7 COLUMNS 41 - 53 TYPE (I)
   MISSING = BLANK

50. E55, G.2 - MED VIC WAGES
   CARD 7 COLUMNS 49 - 56 TYPE (I)
   MISSING = BLANK

51. E55, G.3 - BENEFITS
   CARD 6 COLUMNS 1 - 3 TYPE (I)
   MISSING = BLANK
S I R S Y S T E M 1 1
FILE REGALOB RECOOK 12 DETAILED LIST

020. G4-FICA
CARD 8 COLUMNS 4 - 10 TYPE (I)
MISSING = BLANK

023. G5-UNEMPLOYMENT
CARD 8 COLUMNS 17 - 24 TYPE (I)
MISSING = BLANK

024. G6-RENT
CARD 8 COLUMNS 25 - 32 TYPE (I)
MISSING = BLANK

025. G7-AMORTIZATION OF LEASE
CARD 8 COLUMNS 33 - 40 TYPE (I)
MISSING = BLANK

026. G8-TELEPHONE
CARD 8 COLUMNS 41 - 48 TYPE (I)
MISSING = BLANK

027. G9-SUPPLIES
CARD 8 COLUMNS 49 - 56 TYPE (I)
MISSING = BLANK

028. G10-INTEREST
CARD 9 COLUMNS 1 - 8 TYPE (I)
MISSING = BLANK

029. G11-LEGAL AND AUDIT
CARD 9 COLUMNS 9 - 16 TYPE (I)
MISSING = BLANK

030. G12-PROMOTION, PR
CARD 9 COLUMNS 17 - 24 TYPE (I)
MISSING = BLANK

031. G13-INSURANCE
CARD 9 COLUMNS 25 - 32 TYPE (I)
MISSING = BLANK

032. G15-
CARD 9 COLUMNS 33 - 40 TYPE (I)
MISSING = BLANK

033. G16-
CARD 9 COLUMNS 41 - 48 TYPE (I)
MISSING = BLANK

034. H-NATIONAL
CARD 9 COLUMNS 49 - 55 TYPE (I)
MISSING = BLANK

035. H-NATIONAL
CARD 1 COLUMNS 1 - 6 TYPE (I)
MISSING = BLANK

TOTAL
I R S Y S T E M 1.2
ILE REGISTED RECORD 11 DETAILED LIST

66. ECG, H-NATIONAL
CARD 1. COLUMNS 9 - 10 TYPE (I)
MISSING = BLANK

67. ECG, H-NATIONAL
CARD 1. COLUMNS 17 - 24 TYPE (I)
MISSING = BLANK

68. ECG, H-NATIONAL
CARD 1. COLUMNS 25 - 32 TYPE (I)
MISSING = BLANK

69. ECG, H-NATIONAL
CARD 1. COLUMNS 33 - 40 TYPE (I)
MISSING = BLANK
-- 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

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

C2. FLAG, COLUMN 6 TYPE (I) MISSING = BLANK

1 = HOSPITAL
2 = COMMUNITY CENTER

C3. FA2, COLUMN 7 TYPE (I) MISSING = BLANK

1 = 28-PKC
2 = ALL
3 = ALL

C4. FA3, COLUMN 8 TYPE (I) MISSING = BLANK

1 = 28-PKC
2 = ALL
3 = ALL

C5. FA4, COLUMN 9 TYPE (I) MISSING = BLANK

1 = 28-PKC
2 = ALL
3 = ALL

C6. FLAG, COLUMN 10 TYPE (I) MISSING = BLANK

1 = 28-PKC
2 = ALL
3 = ALL

C7. FA5, COLUMN 11 TYPE (I) MISSING = BLANK

1 = 28-PKC
2 = ALL
3 = ALL

C8. FA6, COLUMN 12 TYPE (I) MISSING = BLANK

1 = 28-PKC
2 = ALL
3 = ALL
ILL REGROUP RECORD 12 DETAILED LIST

1 = AB-PRC
3 = ALL

2 = COMP.

1 = AB-PRC
3 = ALL

2 = COMP.
SYSTEM 1.1
FILE REG81000 RECORD 3 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

11. 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
   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-FL
   CARD 1 COLUMNS 43 - 48 TYPE (I)
   MISSING= BLANK

V9. F8,
   A.6-CRYO
   CARD 1 COLUMNS 49 - 54 TYPE (I)
   MISSING= BLANK
SYSTEM

RECEIVED RECORD DETAIL LIST

1. F9,  A*7 - LEUKO FREE PC
   CARD 1 COLUMNS 25 - 60 TYPE (I)
   MISSING = BLANK

2. F10,  A*7 - LEUKO CONCEN.
   CARD 1 COLUMNS 62 - 66 TYPE (I)
   MISSING = BLANK

3. F11,  A*7 - SINGLE DONOR PLASMA
   CARD 1 COLUMNS 6 - 66 TYPE (I)
   MISSING = BLANK

4. F12,  A*7 - MISC.
   CARD 2 COLUMNS 1 - 6 TYPE (I)
   MISSING = BLANK

5. F13,  B*1-WHOLE BLOOD
   CARD 2 COLUMNS 7 - 12 TYPE (I)
   MISSING = BLANK

6. F14,  B*2A - REGULAR PRBC
   CARD 2 COLUMNS 13 - 18 TYPE (I)
   MISSING = BLANK

7. F15,  B*2B - FROZEN PRBC
   CARD 2 COLUMNS 19 - 24 TYPE (I)
   MISSING = BLANK

8. F16,  B*2C - WASHED PRBC
   CARD 2 COLUMNS 25 - 30 TYPE (I)
   MISSING = BLANK

9. F17,  B*3-FR CONCENTRATES
   CARD 2 COLUMNS 31 - 36 TYPE (I)
   MISSING = BLANK

10. F18,  B*4-FRESH
    CARD 2 COLUMNS 37 - 42 TYPE (I)
    MISSING = BLANK

11. F19,  B*5-FR RICH PLASMA
    CARD 2 COLUMNS 43 - 48 TYPE (I)
    MISSING = BLANK

12. F20,  B*6-CRYO
    CARD 2 COLUMNS 49 - 54 TYPE (I)
    MISSING = BLANK

13. F21,  B*7 - LEUKO FREE PRBC
    CARD 2 COLUMNS 55 - 60 TYPE (I)
    MISSING = BLANK

14. F22,  B*7 - LEUKO CONC.
    CARD 2 COLUMNS 62 - 66 TYPE (I)
    MISSING = BLANK
<table>
<thead>
<tr>
<th>File</th>
<th>Record</th>
<th>Description</th>
<th>Columns</th>
<th>Type</th>
<th>Missing</th>
</tr>
</thead>
<tbody>
<tr>
<td>REGBLD</td>
<td>13</td>
<td>DETAILED LIST</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>V24</th>
<th>F24</th>
<th>6-7</th>
<th>CARD 3 COLUMNS 2</th>
<th>6</th>
<th>TYPE (I)</th>
<th>BLANK</th>
</tr>
</thead>
<tbody>
<tr>
<td>V25</td>
<td>F24</td>
<td>4-7</td>
<td>MISS.</td>
<td></td>
<td></td>
<td>BLANK</td>
</tr>
<tr>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----------------</td>
<td>---</td>
<td>----------</td>
<td>-------</td>
</tr>
<tr>
<td>V26</td>
<td>F24</td>
<td>3-7</td>
<td>WHOLE BLOOD</td>
<td>12</td>
<td>TYPE (I)</td>
<td>BLANK</td>
</tr>
<tr>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----------------</td>
<td>---</td>
<td>----------</td>
<td>-------</td>
</tr>
<tr>
<td>V27</td>
<td>F24</td>
<td>2-7</td>
<td>A-REGULAR PRC</td>
<td>24</td>
<td>TYPE (I)</td>
<td>BLANK</td>
</tr>
<tr>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----------------</td>
<td>---</td>
<td>----------</td>
<td>-------</td>
</tr>
<tr>
<td>V28</td>
<td>F24</td>
<td>1-7</td>
<td>B-FROZEN PRC</td>
<td>32</td>
<td>TYPE (I)</td>
<td>BLANK</td>
</tr>
<tr>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----------------</td>
<td>---</td>
<td>----------</td>
<td>-------</td>
</tr>
<tr>
<td>V29</td>
<td>F24</td>
<td>0-7</td>
<td>C-WASHED PRC</td>
<td>36</td>
<td>TYPE (I)</td>
<td>BLANK</td>
</tr>
<tr>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----------------</td>
<td>---</td>
<td>----------</td>
<td>-------</td>
</tr>
<tr>
<td>V30</td>
<td>F24</td>
<td>3-7</td>
<td>PL</td>
<td>42</td>
<td>TYPE (I)</td>
<td>BLANK</td>
</tr>
<tr>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----------------</td>
<td>---</td>
<td>----------</td>
<td>-------</td>
</tr>
<tr>
<td>V31</td>
<td>F24</td>
<td>2-7</td>
<td>FRESH FROZEN PLASMA</td>
<td>48</td>
<td>TYPE (I)</td>
<td>BLANK</td>
</tr>
<tr>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----------------</td>
<td>---</td>
<td>----------</td>
<td>-------</td>
</tr>
<tr>
<td>V32</td>
<td>F24</td>
<td>1-7</td>
<td>PL</td>
<td>54</td>
<td>TYPE (I)</td>
<td>BLANK</td>
</tr>
<tr>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----------------</td>
<td>---</td>
<td>----------</td>
<td>-------</td>
</tr>
<tr>
<td>V33</td>
<td>F24</td>
<td>0-7</td>
<td>CRYO</td>
<td>60</td>
<td>TYPE (I)</td>
<td>BLANK</td>
</tr>
<tr>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----------------</td>
<td>---</td>
<td>----------</td>
<td>-------</td>
</tr>
<tr>
<td>V34</td>
<td>F24</td>
<td>3-7</td>
<td>LEUKO FREE PC</td>
<td>60</td>
<td>TYPE (I)</td>
<td>BLANK</td>
</tr>
<tr>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----------------</td>
<td>---</td>
<td>----------</td>
<td>-------</td>
</tr>
<tr>
<td>V35</td>
<td>F24</td>
<td>2-7</td>
<td>LEUKO CONC.</td>
<td>60</td>
<td>TYPE (I)</td>
<td>BLANK</td>
</tr>
<tr>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----------------</td>
<td>---</td>
<td>----------</td>
<td>-------</td>
</tr>
<tr>
<td>V36</td>
<td>F24</td>
<td>1-7</td>
<td>SINGLE DONOR PLASMA</td>
<td>12</td>
<td>TYPE (I)</td>
<td>BLANK</td>
</tr>
</tbody>
</table>
ILE REGBLOCK RECORD IS DETAILED LIST

37. F36, C.7-MISC
    CARD 4 COLUMNS 13 - 18  TYPE (I)
    MISSING= BLANK
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 ON THIS TYPE ON DATA FILE 195
NUMBER OF CARDS IN DATA RECORD 2

SORT IDENTIFIER 1 - NONINC
SORT IDENTIFIER 2 - YEAR

1. IDNUM, COLUMNS 3 - 5 TYPE (I)
2. NONINC, COLUMNS 6 - 8 TYPE (I)
3. YEAR, COLUMN 9 TYPE (I)
4. FWB, F.B.1-WHOLE BLOOD
   COLUMNS 10 - 12 TYPE (I)
   MISSING = BLANK
5. FB2, F.B.1-REGULAR PRC
   COLUMNS 16 - 21 TYPE (I)
   MISSING = BLANK
6. FB3, F.B.2-FROZEN PRC
   COLUMNS 22 - 27 TYPE (I)
   MISSING = BLANK
7. FB4, F.B.3-WASHED PRC
   COLUMNS 28 - 33 TYPE (I)
   MISSING = BLANK
8. FC1, F.C-PL
   COLUMNS 34 - 39 TYPE (I)
   MISSING = BLANK
9. FC2, F.C-FRESH FROZEN PLASMA
   COLUMNS 40 - 45 TYPE (I)
   MISSING = BLANK
10. FC7, F.C-PL
    COLUMNS 46 - 51 TYPE (I)
    MISSING = BLANK

...
IR SYSTEM 1.1
LE REGBLOC RECORD 14 DETAILED LIST

10. FBO, F.F-CRYO
    COLUMNS 52 - 57 TYPE (I)
    MISSING = BLANK

11. FB4, F.G-LEUKO FREE PC
    COLUMNS 56 - 63 TYPE (I)
    MISSING = BLANK

12. FB10, F.G-MISC
    COLUMNS 64 - 64 TYPE (I)
    MISSING = BLANK
FILE REGBLG RECORD IS DETAILED LIST

-- RECORD TYPE 12

THIS RECORD CONSISTS OF DATA PERTAINING TO BLOOD CENTER FACILITIES FOR NATIONAL AND COMMUNITY CENTERS. THE RECORD CORRESPONDS TO HEADING VIII ON COMMUNITY QUESTIONNAIRE AND HEADING VI ON THE NATIONAL QUESTIONNAIRE.

NATIONAL: SET BRANCH TO VALUE 361 THRU 400.
COMMUNITY : SET BRANCH TO CASE ID NUMBER.
THIS RECORD REQUIRES 2 DATA CARDS.

MAXIMUM OF THIS RECORD TYPE PER CASE 1
NUMBER OF RECORDS OF THIS TYPE ON DATA FILE 12
NUMBER OF CARDS IN DATA RECORD 2

v1. IDNUM,
    CARD 1 COLUMNS 3 - 5 TYPE (I)

v2. G1,
    FACILITIES OWNED OR LEASED
    CARD 1 COLUMN 6 TYPE (I)
    MISSING= BLANK

    1 = OWNED
    2 = LEASED

v3. G2,
    B.1-PROCESSING
    CARD 1 COLUMNS 7 - 14 TYPE (I)
    MISSING= BLANK

v4. G3,
    B.2-DONOR RECRUITMENT
    CARD 1 COLUMNS 15 - 22 TYPE (I)
    MISSING= BLANK

v5. G4,
    B.3-PHLEB AND SCREENING
    CARD 1 COLUMNS 23 - 30 TYPE (I)
    MISSING= BLANK

v6. G5,
    B.4-INV CONTROL AND DIST
    CARD 1 COLUMNS 31 - 36 TYPE (I)
    MISSING= BLANK

v7. G6,
    B.5-ADMINISTRATION
    CARD 1 COLUMNS 39 - 46 TYPE (I)
    MISSING= BLANK

v8. G7,
    B.6-EDUCATION
    CARD 1 COLUMNS 47 - 54 TYPE (I)
    MISSING= BLANK

v9. G8,
    B.7-RESEARCH
    CARD 1 COLUMNS 55 - 62 TYPE (I)
    MISSING= BLANK

140
1. G9, B.8-BLOOD
   CARD 2 COLUMNS 53 - 70 TYPE (I)
   MISSING= BLANK
   STORAGE

... G11, B.9-SUPPLY STORAGE
   CARD 2 COLUMNS 1 - 8 TYPE (I)
   MISSING= BLANK
   CAPACITY

11. G11, B.9-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, CCC, BEDS
    CARD 2 COLUMNS 57 - 64 TYPE (I)
    MISSING= BLANK
SYSTEM FILE REGARD TO RECORD 16 DETAIL LIST

RECORD TYPE 10

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 ORDERED 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

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

2. FACLOC,
CARD 1 COLUMNS 6 - 8 TYPE (I)

3. M1,
PROCESSING
CARD 1 COLUMNS 9 - 16 TYPE (I)
MISSING = BLANK

4. M2,
DONOR RECRUITMENT
CARD 1 COLUMNS 17 - 24 TYPE (I)
MISSING = BLANK

5. M3,
FMCB AND SCREENING
CARD 1 COLUMNS 25 - 32 TYPE (I)
MISSING = BLANK

6. M4,
INV CONTROL
CARD 1 COLUMNS 33 - 40 TYPE (I)
MISSING = BLANK

7. M5,
ADMINISTRATION
CARD 1 COLUMNS 41 - 48 TYPE (I)
MISSING = BLANK

8. M6,
EDUCATION
CARD 1 COLUMNS 49 - 56 TYPE (I)
MISSING = BLANK

9. M7,
TSCC
CARD 1 COLUMNS 57 - 64 TYPE (I)
MISSING = BLANK

10. M8,
BLOOD STORAGE
CARD 1 COLUMNS 65 - 72 TYPE (I)
MISSING = BLANK
10. **M89**  
   **6.9-SUPPLY STORAGE**  
   CARD 2 COLUMNS 1 - 8 TYPE (I)  
   **MISSING= BLANK**

11. **M91**  
   **6.11-EXPANSION CAPACITY**  
   CARD 2 COLUMNS 9 - 10 TYPE (I)  
   **MISSING= BLANK**

12. **M92**  
   **6.12-EQUIP.**  
   CARD 2 COLUMNS 17 - 24 TYPE (I)  
   **MISSING= BLANK**

13. **M93**  
   **6.13-REFRESHMENT**  
   CARD 2 COLUMNS 25 - 32 TYPE (I)  
   **MISSING= BLANK**

14. **M94**  
   **6.14-LCBBY**  
   CARD 2 COLUMNS 33 - 40 TYPE (I)  
   **MISSING= BLANK**

15. **M95**  
   **6.15-OTHER**  
   CARD 2 COLUMNS 41 - 48 TYPE (I)  
   **MISSING= BLANK**

16. **M96**  
   **6.16-OTHER**  
   CARD 2 COLUMNS 49 - 56 TYPE (I)  
   **MISSING= BLANK**
SIR SYSTEM 11
FILE REGGEOO 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

<table>
<thead>
<tr>
<th>CARD</th>
<th>COLUMNS</th>
<th>TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>C1.</td>
<td>ICNUM,</td>
<td></td>
</tr>
<tr>
<td>V1.</td>
<td>ROUTING ORDERS(HRS)</td>
<td></td>
</tr>
<tr>
<td>V2.</td>
<td>EMERGENCY ORDERS(MIN)</td>
<td></td>
</tr>
<tr>
<td>V3.</td>
<td>ROUTES</td>
<td></td>
</tr>
<tr>
<td>V4.</td>
<td>HCSPS RT1</td>
<td></td>
</tr>
<tr>
<td>V5.</td>
<td>TIMES PER WK RT1</td>
<td></td>
</tr>
<tr>
<td>V6.</td>
<td>MILES RT</td>
<td></td>
</tr>
<tr>
<td>V7.</td>
<td>HCSPS RT2</td>
<td></td>
</tr>
<tr>
<td>V8.</td>
<td>TIMES PER WK RT2</td>
<td></td>
</tr>
<tr>
<td>V9.</td>
<td>MILES RT2</td>
<td></td>
</tr>
<tr>
<td>V10.</td>
<td>HCSPS RT3</td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>TIMES PER WK RT3</td>
<td>CARDS: 2 COLUMNS 43 - 46 TYPE (I)</td>
</tr>
<tr>
<td>-----</td>
<td>-----------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td></td>
<td>MILES RT3</td>
<td>MISSING = BLANK</td>
</tr>
<tr>
<td>2.</td>
<td>TIMES PER WK RT3</td>
<td>CARDS: 2 COLUMNS 49 - 54 TYPE (I)</td>
</tr>
<tr>
<td></td>
<td>MILES RT4</td>
<td>MISSING = BLANK</td>
</tr>
<tr>
<td>3.</td>
<td>TIMES PER WK RT4</td>
<td>CARDS: 2 COLUMNS 55 - 60 TYPE (I)</td>
</tr>
<tr>
<td></td>
<td>MILES RT4</td>
<td>MISSING = BLANK</td>
</tr>
<tr>
<td>4.</td>
<td>TIMES PER WK RT4</td>
<td>CARDS: 2 COLUMNS 61 - 66 TYPE (I)</td>
</tr>
<tr>
<td></td>
<td>MILES RT4</td>
<td>MISSING = BLANK</td>
</tr>
<tr>
<td>5.</td>
<td>TIMES PER WK RT5</td>
<td>CARDS: 2 COLUMNS 67 - 72 TYPE (I)</td>
</tr>
<tr>
<td></td>
<td>MILES RT5</td>
<td>MISSING = BLANK</td>
</tr>
<tr>
<td>6.</td>
<td>TIMES PER WK RT5</td>
<td>CARDS: 3 COLUMNS 7 - 12 TYPE (I)</td>
</tr>
<tr>
<td></td>
<td>MILES RT5</td>
<td>MISSING = BLANK</td>
</tr>
<tr>
<td>7.</td>
<td>TIMES PER WK RT5</td>
<td>CARDS: 3 COLUMNS 13 - 18 TYPE (I)</td>
</tr>
<tr>
<td></td>
<td>MILES RT5</td>
<td>MISSING = BLANK</td>
</tr>
<tr>
<td>8.</td>
<td>TIMES PER WK RT6</td>
<td>CARDS: 3 COLUMNS 19 - 24 TYPE (I)</td>
</tr>
<tr>
<td></td>
<td>MILES RT6</td>
<td>MISSING = BLANK</td>
</tr>
<tr>
<td>9.</td>
<td>TIMES PER WK RT6</td>
<td>CARDS: 3 COLUMNS 25 - 30 TYPE (I)</td>
</tr>
<tr>
<td></td>
<td>MILES RT6</td>
<td>MISSING = BLANK</td>
</tr>
<tr>
<td>10.</td>
<td>TIMES PER WK RT6</td>
<td>CARDS: 3 COLUMNS 31 - 36 TYPE (I)</td>
</tr>
<tr>
<td></td>
<td>MILES RT6</td>
<td>MISSING = BLANK</td>
</tr>
<tr>
<td>11.</td>
<td>TIMES PER WK RT7</td>
<td>CARDS: 3 COLUMNS 37 - 42 TYPE (I)</td>
</tr>
<tr>
<td></td>
<td>MILES RT7</td>
<td>MISSING = BLANK</td>
</tr>
<tr>
<td>12.</td>
<td>TIMES PER WK RT7</td>
<td>CARDS: 3 COLUMNS 43 - 48 TYPE (I)</td>
</tr>
<tr>
<td></td>
<td>MILES RT7</td>
<td>MISSING = BLANK</td>
</tr>
<tr>
<td>13.</td>
<td>TIMES PER WK RT7</td>
<td>CARDS: 3 COLUMNS 49 - 54 TYPE (I)</td>
</tr>
<tr>
<td></td>
<td>MILES RT7</td>
<td>MISSING = BLANK</td>
</tr>
</tbody>
</table>
FILE REGULAR RECORD 7 DETAILED LIST

25. J25 MILES RTE
CARD 3 COLUMNS 53 - 60 TYPE (I)
MISSING = BLANK

26. J26 TIMES PER WK RTE
CARD 3 COLUMNS 61 - 68 TYPE (I)
MISSING = BLANK

27. J27 MILES RTE
CARD 3 COLUMNS 69 - 76 TYPE (I)
MISSING = BLANK

28. J28 DESC OF OTHERS
CARD 4 COLUMNS 1 - 40 TYPE (A)
MISSING = BLANK

29. 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
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,
   Card 1 columns 3 - 5 type (I)

2. AA1,
   Name of Hospe
   Card 1 columns 6 - 25 type (A)
   Missing = Blank

3. AA2,
   Address (Letter Head)
   Card 1 columns 26 - 45 type (A)
   Missing = Blank

4. AA3,
   N-S Coordinate
   Card 1 columns 46 - 51 type (I)
   Missing = Blank

5. AA4,
   E-W Coordinate
   Card 1 columns 52 - 57 type (I)
   Missing = Blank

6. AA5,
   Telephone
   Card 1 columns 58 - 64 type (A)
   Missing = Blank

7. AA6,
   County
   Card 1 columns 1 - 20 type (A)
   Missing = Blank

8. AA7,
   Med Director
   Card 2 columns 21 - 40 type (A)
   Missing = Blank

9. AA8,
   Aged Appoint of Med Dir
   Card 2 columns 41 - 62 type (A)
   Missing = Blank

10. AA9,
    Supervisor
    Card 3 columns 1 - 20 type (A)
    Missing = Blank

11. AA10,
    Services Owned by Hosp
    Card 3 column 21 type (I)
    Missing = Blank

1 = Yes
2 = No
<table>
<thead>
<tr>
<th>Card</th>
<th>Description</th>
<th>Type</th>
<th>Missing Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>Services Under Contract</td>
<td>(1)</td>
<td>Blank</td>
</tr>
<tr>
<td>23</td>
<td>Member of AABB</td>
<td>(1)</td>
<td>Blank</td>
</tr>
<tr>
<td>24</td>
<td>Member of AABB</td>
<td>(1)</td>
<td>Blank</td>
</tr>
<tr>
<td>25</td>
<td>Release Perm</td>
<td>(1)</td>
<td>Blank</td>
</tr>
</tbody>
</table>

1 = Yes  
2 = No
SYSTEM 1.1
ILE REGBLOD RECORD 21 DETAILED LIST

RECORD TYPE 2.

THIS RECORD CONSISTS OF DATA FOR VOLUME OF ACTIVITY FOR HOSPITALS. THIS CORRESPONDS TO HEADINGS A-C, E-F, H-I, J-K, M. THE RECORD IS SORTED BY THE YEAR INDEX (YEAR).
THE RECORD REQUIRES 6 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

SORT IDENTIFIER 1 - YEAR

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

11. YEAR,
CARD 1 COLUMN 6 TYPE (I)

12. L1,
A-WHOLE BLOOD
CARD 1 COLUMNS 7-12 TYPE (I)
MISSING = BLANK

13. L2,
A-REGULAR PRC
CARD 1 COLUMNS 13-18 TYPE (I)
MISSING = BLANK

14. L3,
A-LEUK POOR
CARD 1 COLUMNS 19-24 TYPE (I)
MISSING = BLANK

15. L4,
A-WASHED PRC
CARD 1 COLUMNS 25-30 TYPE (I)
MISSING = BLANK

16. L5,
A-LEUK POOR
CARD 1 COLUMNS 31-36 TYPE (I)
MISSING = BLANK

17. L6,
A-FRESH FROZEN PLASMA
CARD 1 COLUMNS 37-42 TYPE (I)
MISSING = BLANK

18. L7,
A-FL CONCENTRATES
CARD 1 COLUMNS 43-48 TYPE (I)
MISSING = BLANK

19. L8,
A-FL RICH PLASMA
CARD 1 COLUMNS 49-54 TYPE (I)
MISSING = BLANK
<table>
<thead>
<tr>
<th>Index</th>
<th>Description</th>
<th>Card Columns</th>
<th>Type</th>
<th>Missing Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>V1</td>
<td>Ly, ASTEROCH   6-8</td>
<td>15 - 55</td>
<td>I</td>
<td>Blank</td>
</tr>
<tr>
<td>V11</td>
<td>L11a, ASTEROCH 6-8</td>
<td>67 - 72</td>
<td>I</td>
<td>Blank</td>
</tr>
<tr>
<td>V12</td>
<td>L6-E-LEUKOCYTES</td>
<td>67 - 72</td>
<td>I</td>
<td>Blank</td>
</tr>
<tr>
<td>V13</td>
<td>L2 Leuko Free PC</td>
<td>1 - 0</td>
<td>I</td>
<td>Blank</td>
</tr>
<tr>
<td>V14</td>
<td>L3 Leuko Concentrate</td>
<td>7 - 12</td>
<td>I</td>
<td>Blank</td>
</tr>
<tr>
<td>V15</td>
<td>L4 Single Donor Plasma</td>
<td>13 - 18</td>
<td>I</td>
<td>Blank</td>
</tr>
<tr>
<td>V16</td>
<td>L5 Misc</td>
<td>9 - 24</td>
<td>I</td>
<td>Blank</td>
</tr>
<tr>
<td>V17</td>
<td>L6 E-ILT. XMATCHES</td>
<td>25 - 30</td>
<td>I</td>
<td>Blank</td>
</tr>
<tr>
<td>V18</td>
<td>L7 Whole Blood</td>
<td>31 - 36</td>
<td>I</td>
<td>Blank</td>
</tr>
<tr>
<td>V19</td>
<td>L8 A-REGULAR PRC</td>
<td>37 - 42</td>
<td>I</td>
<td>Blank</td>
</tr>
<tr>
<td>V20</td>
<td>L9 A-FROZEN PRC</td>
<td>43 - 46</td>
<td>I</td>
<td>Blank</td>
</tr>
<tr>
<td>V21</td>
<td>L10 C-WASHED PRC</td>
<td>49 - 54</td>
<td>I</td>
<td>Blank</td>
</tr>
<tr>
<td>V22</td>
<td>L11 C-FROZEN PLASMA</td>
<td>55 - 67</td>
<td>I</td>
<td>Blank</td>
</tr>
<tr>
<td>V23</td>
<td>L12 C-WASHED PRC</td>
<td>61 - 66</td>
<td>I</td>
<td>Blank</td>
</tr>
</tbody>
</table>
RECORD 21 DETAILED LIST

24. L24, C.4-FL CONCENTRATES
   CARD 3 COLUMNS 1 - 6 TYPE (I)
   MISSING = BLANK

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

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

27. L27, C.6-
   CARD 3 COLUMNS 25 - 30 TYPE (I)
   MISSING = BLANK

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

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

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

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

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

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

34. L34, F.2-PLASMAPHERESIS
   CARD 3 COLUMNS 1 - 6 TYPE (I)
   MISSING = BLANK

35. L35, F.3-PLASMAPHERESIS
   CARD 4 COLUMNS 7 - 12 TYPE (I)
   MISSING = BLANK

36. L36, OTHER
   CARD 4 COLUMNS 13 - 18 TYPE (I)
   MISSING = BLANK
SYSTEM 1.0.
FILE RECORD RECORD 21 DETAIL LIST

V30. 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, M1=UNITS AT 58
CARD 4 COLUMNS 37 - 42 TYPE (I)
MISSING= BLANK

V42. L41, M2
CARD 4 COLUMNS 43 - 48 TYPE (I)
MISSING= BLANK

V43. L42, I.1-BLOOD ASSURANCE
CARD 4 COLUMNS 49 - 54 TYPE (I)
MISSING= BLANK

V44. L43, I.2-
CARD 4 COLUMNS 55 - 60 TYPE (I)
MISSING= BLANK

V45. L44, I.3-COMMUNITY SERVICE
CARD 4 COLUMNS 61 - 66 TYPE (I)
MISSING= BLANK

V46. L45, I.4-
CARD 4 COLUMNS 67 - 72 TYPE (I)
MISSING= BLANK

V47. L46, I.5-PAYMENT
CARD 4 COLUMNS 73 - 78 TYPE (I)
MISSING= BLANK

V48. L47, I.6-AUTOCLOUSES
CARD 4 COLUMNS 79 - 84 TYPE (I)
MISSING= BLANK

V49. L48, I.7-
CARD 4 COLUMNS 85 - 90 TYPE (I)
MISSING= BLANK

V50. L49, I.8-PERFORMANCE
CARD 4 COLUMNS 91 - 96 TYPE (I)
MISSING= BLANK

V51. L50, OTHER
CARD 4 COLUMNS 97 - 102 TYPE (I)
MISSING= BLANK
SYS TEM 1.1
LE REAGUO RECORD 2. DETAILED LIST

2. L2,
   CARD & COLUMNS 51 - 42 TYPE (I)
   MISSING= BLANK

3. L22,
   LATHER
   CARD & COLUMNS 43 - 46 TYPE (I)
   MISSING= BLANK

L53,
   A-REGULAR PRC
   CARD & COLUMNS 49 - 54 TYPE (I)
   MISSING= BLANK

L49,
   E-FROZEN PRC
   CARD & COLUMNS 55 - 60 TYPE (I)
   MISSING= BLANK

55,
   C-WASHED PRC
   CARD & COLUMNS 61 - 66 TYPE (I)
   MISSING= BLANK

5,
   D-LEUKO POOR
   CARD & COLUMNS 67 - 72 TYPE (I)
   MISSING= BLANK

6-FRESH FROZEN PLASMA
   CARD & COLUMNS 73 - 12 TYPE (I)
   MISSING= BLANK

63-PL CONCENTRATES
   CARD & COLUMNS 13 - 16 TYPE (I)
   MISSING= BLANK

9,
   R-PL RICH PLASMA
   CARD & COLUMNS 19 - 24 TYPE (I)
   MISSING= BLANK

41,
   -CRYO
   CARD & COLUMNS 25 - 30 TYPE (I)
   MISSING= BLANK

62,
   LEUKO FREE PC
   CARD & COLUMNS 31 - 36 TYPE (I)
   MISSING= BLANK

63,
   LEUKO CONC.
   CARD & COLUMNS 37 - 42 TYPE (I)
   MISSING= BLANK

64,
   SINGLE DONOR PLASMA
   CARD & COLUMNS 43 - 48 TYPE (I)
   MISSING= BLANK

65,
   MISC.
   CARD & COLUMNS 49 - 64 TYPE (I)
   MISSING= BLANK
FILE RECORD #21 DETAIL LIST

66. LE6, K.1-FLASH DONORS
CARD 6 COLUMNS 55 - 0J TYPE (I)
MISSING = BLANK

67. L60, K.1-PLASMA UNITS
CARD 6 COLUMNS 61 - 06 TYPE (I)
MISSING = BLANK

68. L67, K.2-A-PLAT MACHINE
CARD 7 COLUMNS 1 - 0 TYPE (I)
MISSING = BLANK

69. L68, K.2-B-PLAT MAN DONORS
CARD 7 COLUMNS 7 - 12 TYPE (I)
MISSING = BLANK

70. L69, K.2-B-PLAT MAN UNITS
CARD 7 COLUMNS 13 - 18 TYPE (I)
MISSING = BLANK

71. L70, K.3-LEUK-PLAT DON
CARD 7 COLUMNS 19 - 24 TYPE (I)
MISSING = BLANK

72. L71, K.3-LEUK-PLAT UNITS
CARD 7 COLUMNS 25 - 30 TYPE (I)
MISSING = BLANK

73. L72, K.4-LEUK DONORS
CARD 7 COLUMNS 31 - 36 TYPE (I)
MISSING = BLANK

74. L73, K.4-LEUK UNITS
CARD 7 COLUMNS 37 - 42 TYPE (I)
MISSING = BLANK

75. L74, K.5-HEP B ANT. POS
CARD 7 COLUMNS 43 - 48 TYPE (I)
MISSING = BLANK

76. L75, K.2-SPHILIS POS
CARD 7 COLUMNS 49 - 54 TYPE (I)
MISSING = BLANK

77. L76, K.3-SHERET UNITS
CARD 7 COLUMNS 55 - 60 TYPE (I)
MISSING = BLANK

78. L77, CONTAMINATED
CARD 7 COLUMNS 61 - 66 TYPE (I)
MISSING = BLANK

79. L78, LINTER
CARD 8 COLUMNS . - 0 TYPE (I)
MISSING = BLANK
RECORD TYPE 22

THIS RECORD CONSISTS OF BASIC NON-NUMERIC INFORMATION FOR HOSPITAL VOLUME OF ACTIVITY. THIS CORRESPONDS TO HEADINGS II.0, II.1 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. LNUM,
   COLUMNS 3 - 6 TYPE (I)
   .MISSING= BLANK
   1 = YES
   2 = NO

2. LL2,
   C.2-ANTIBODY SCREENING
   COLUMN 7 TYPE (I)
   .MISSING= BLANK
   1 = YES
   2 = NO

3. LL3,
   C.3-SYPHILIS
   COLUMN 8 TYPE (I)
   .MISSING= BLANK
   1 = YES
   2 = NO

4. LL4,
   C.4-HEPATITIS B ANTIGEN
   COLUMN 9 TYPE (I)
   .MISSING= BLANK
   1 = YES
   2 = NO

5. LL5,
   C.5-ETHIC
   COLUMN 10 TYPE (I)
   .MISSING= BLANK
   1 = YES
   2 = NO

6. LL6,
   C.6-ETHIC
   COLUMN 11 TYPE (I)
   .MISSING= BLANK
   1 = YES
   2 = NO

7. LL7,
   C.7-ETHIC
   COLUMN 12 TYPE (I)
   .MISSING= BLANK

8. LL8,
   C.8-ETHIC
   COLUMN 13 TYPE (I)
   .MISSING= BLANK
   1 = YES
   2 = NO

9. LL9,
   C.9-ETHIC
   COLUMN 14 TYPE (I)
   .MISSING= BLANK
   1 = YES
   2 = NO
S I R  S Y S T E M  1.
FILE REGJLDG RECORD 42 DETAILLED LIST

1 = YES  2 = NO

V8.  LLS,  L-POP IS MACH.
    COLUMN 13  TYPE (I)
    MISSING = BLANK

1 = YES  2 = NO

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

V10. LLS,  L-PROC. PER YEAR
    COLUMNS 54 - 59  TYPE (I)
    MISSING = BLANK
IR SYSTEM 1.1
FILE REGBLDU RECORD 23 DETAILED LIST

- 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

<table>
<thead>
<tr>
<th>KTIME</th>
<th>INTERPRETATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>FULL TIME (NO. OF FTE'S)</td>
</tr>
<tr>
<td>2</td>
<td>PART TIME (NO. HRS/WEEK)</td>
</tr>
<tr>
<td>3</td>
<td>ON CALL (NO. HRS/WEEK)</td>
</tr>
</tbody>
</table>

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

JRT 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
    4.2-TECH SUPER SSB
    CARD 2 COLUMNS 7 - 11 TYPE (F5.2)
    MISSING = BLANK

4.  CC2
    4.2-TECH SUPER
    CARD 2 COLUMNS 22 - 26 TYPE (F5.2)
    MISSING = BLANK

5.  CC3
    OTHER
    CARD 2 COLUMNS 27 - 31 TYPE (F5.2)
    MISSING = BLANK

6.  CC4
    OTHER
    CARD 2 COLUMNS 32 - 36 TYPE (F5.2)
    MISSING = BLANK

7.  CC5
    8.1-TECH PER SSB
    CARD 2 COLUMNS 37 - 41 TYPE (F5.2)
    MISSING = BLANK

8.  CC6
    8.2-TECH PER
    CARD 2 COLUMNS 42 - 46 TYPE (F5.2)
    MISSING = BLANK
v8. CC4, OTHER
   CARD 1 COLUMNS 37 - 41 TYPE (F5.2)
   MISSING = BLANK

v9. CC5, OTHER
   CARD 1 COLUMNS 42 - 46 TYPE (F5.2)
   MISSING = BLANK

v10. CC6, C.2-REG NURSES
     CARD 2 COLUMNS 1 - 5 TYPE (F5.2)
     MISSING = BLANK

v11. CC7, C.2-LPN
     CARD 2 COLUMNS 6 - 10 TYPE (F5.2)
     MISSING = BLANK

v12. CC8, OTHER
     CARD 2 COLUMNS 11 - 15 TYPE (F5.2)
     MISSING = BLANK

v13. CC9, OTHER
     CARD 2 COLUMNS 16 - 20 TYPE (F5.2)
     MISSING = BLANK

v14. CC10, C.2-SECRETARIES
     CARD 2 COLUMNS 21 - 25 TYPE (F5.2)
     MISSING = BLANK

v15. CC11, C.2-CLERKS
     CARD 2 COLUMNS 26 - 30 TYPE (F5.2)
     MISSING = BLANK

v16. CC12, OTHER
     CARD 2 COLUMNS 31 - 35 TYPE (F5.2)
     MISSING = BLANK

v17. CC13, OTHER
     CARD 2 COLUMNS 36 - 40 TYPE (F5.2)
     MISSING = BLANK
THIS RECORD CONTAINS DATA FOR SUPPLEMENTAL SUPPLIERS FOR HOSPITALS. THIS CORRESPONDS TO HEADINGS IV.A 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

DRT IDENTIFIER 1 = SUFS
DRT IDENTIFIER 2 = YEAR

1. IDNUM,
   CARD 1 COLUMNS 3 - 9 TYPE (I)

2. SUPS,
   CARD 1 COLUMNS 10 - 16 TYPE (I)

2. YEAR,
   CARD 1 COLUMN 17 TYPE (I)

3. MA,
   10A-WHOLE BLOOD
   CARD 1 COLUMNS 18 - 24 TYPE (I)
   MISSING = BLANK

4. MB,
   10B.1-REGULAR PRC
   CARD 1 COLUMNS 25 - 30 TYPE (I)
   MISSING = BLANK

5. M2,
   10B.2-FROZEN PRC
   CARD 1 COLUMNS 31 - 36 TYPE (I)
   MISSING = BLANK

6. M3,
   10B.3-WASHED PRC
   CARD 1 COLUMNS 37 - 42 TYPE (I)
   MISSING = BLANK

7. M4,
   10B.4-LEUKO POOR
   CARD 1 COLUMNS 43 - 48 TYPE (I)
   MISSING = BLANK

8. M5,
   10C-FRESH FROZEN PLASMA
   CARD 1 COLUMNS 49 - 55 TYPE (I)
   MISSING = BLANK

9. M6,
   10D-PL CONCENTRATES
   CARD 1 COLUMNS 56 - 61 TYPE (I)
   MISSING = BLANK
FILE RECORD RECORD 24 DETAIL LIST

510. MGR - E-F PL RICH PLASMA
   CARD 1 COLUMNS 54 - 57 TYPE (I)
   MISSING = BLANK

511. MGR - E-F CRYO
   CARD 1 COLUMNS 58 - 63 TYPE (I)
   MISSING = BLANK

512. MGR - G1 PLATELETS
   CARD 1 COLUMNS 64 - 69 TYPE (I)
   MISSING = BLANK

513. MGR - G2 LEUKOCYTES
   CARD 1 COLUMNS 70 - 8 TYPE (I)
   MISSING = BLANK

514. MGR - LEUKO FREE PC
   CARD 2 COLUMNS 7 - 12 TYPE (I)
   MISSING = BLANK

515. MGR - LEUKO CONCENS
   CARD 2 COLUMNS 13 - 18 TYPE (I)
   MISSING = BLANK

516. MGR - SINGLE DONOR PLASMA
   CARD 2 COLUMNS 19 - 24 TYPE (I)
   MISSING = BLANK

517. MGR - MISCE.
   CARD 2 COLUMNS 25 - 30 TYPE (I)
   MISSING = BLANK

/0
RECORD TYPE 29

THIS RECORD CONTAINS BASIC INFORMATION FOR THE HOSPITAL INVENTORY POLICY. THIS CORRESPONDS TO HEADING IV.A ON THE HOSPITAL QUESTIONNAIRE. 5 CARDS ARE REQUIRED.

NUMBER 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:
   CARD 1 COLUMNS 3 - 5 TYPE (I)

2. MM1:
   VARY INV BY DAY
   CARD 1 COLUMN 6 TYPE (I)
   MISSING = BLANK
   1 = YES
   2 = NO

3. MM2:
   VARY INV BY MONTH
   CARD 1 COLUMN 7 TYPE (I)
   MISSING = BLANK
   1 = YES
   2 = NO

4. MM3:
   VARY INV BY YEAR
   CARD 1 COLUMN 8 TYPE (I)
   MISSING = BLANK
   1 = YES
   2 = NO

5. MM4:
   WHOLE BLOOD O+
   CARD 2 COLUMNS 1 - 5 TYPE (I)
   MISSING = BLANK

6. MM5:
   FRC O+
   CARD 2 COLUMNS 7 - 12 TYPE (I)
   MISSING = BLANK

7. MM6:
   WHOLE BLOOD O-
   CARD 2 COLUMNS 13 - 18 TYPE (I)
   MISSING = BLANK

8. MM7:
   FRC C-
   CARD 2 COLUMNS 19 - 24 TYPE (I)
   MISSING = BLANK

9. MM8:
   WHOLE BLOOD A+
   CARD 2 COLUMNS 25 - 30 TYPE (I)
   MISSING = BLANK
FILE REGBUDD RECORD 2 DETAILLED LIST

V9. MM9, FRC A+
CARD 2 COLUMNS 21 - 30 TYPE (I)
MISSING = BLANK

V10. MM10, WHOLE BLOOD A-
CARD 2 COLUMNS 37 - 42 TYPE (I)
MISSING = BLANK

V11. MM11, FRC 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, FRC 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, FRC 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, FRC 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, FRC AB-
CARD 3 COLUMNS 31 - 36 TYPE (I)
MISSING = BLANK
RECORD TYPE 20

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

AXIMUM OF THIS RECORD TYPE PER CASE 1
NUMBER OF RECORDS OF THIS TYPE ON DATA FILE 62
NUMBER OF CARDS IN DATA RECORD 2

1. Ilnum,
   CARD 1 COLUMN 3 - 5 TYPE (I)

2. N1,
   DONOR RECRUITMENT
   CARD 1 COLUMN 6 - 21 TYPE (F6.2)
   MISSING= BLANK

3. N2,
   PHLEB AND SCREENING
   CARD 1 COLUMN 12 - 17 TYPE (F6.2)
   MISSING= BLANK

4. N3,
   PROCESSING
   CARD 1 COLUMN 18 - 23 TYPE (F6.2)
   MISSING= BLANK

5. N4,
   BLOOD STORAGE
   CARD 1 COLUMN 24 - 29 TYPE (F6.2)
   MISSING= BLANK

6. N5,
   CROSSMATCHING AND DISPENSING
   CARD 1 COLUMN 30 - 35 TYPE (F6.2)
   MISSING= BLANK

7. N6,
   SUPPLY STORAGE
   CARD 1 COLUMN 36 - 41 TYPE (F6.2)
   MISSING= BLANK

8. N7,
   ADMINISTRATION
   CARD 1 COLUMN 42 - 47 TYPE (F6.2)
   MISSING= BLANK

9. N8,
   EDUCATION
   CARD 1 COLUMN 48 - 53 TYPE (F6.2)
   MISSING= BLANK

10. N9,
    RESEARCH
    CARD 2 COLUMN 1 - 6 TYPE (F6.2)
    MISSING= BLANK

11. N10,
    EXPANSION CAPACITY
    CARD 2 COLUMN 7 - 12 TYPE (F6.2)
    MISSING= BLANK
FILE RECODED RECORD 26 DETAILED LIST

V.20 N.29 BAGG EQUIP
CARD 2 COLUMNS 13 - 20 TYPE (F6.2)
MISSING = BLANK

V.12 N.12 REFRESHMENT
CARD 2 COLUMNS 19 - 24 TYPE (F6.2)
MISSING = BLANK

V.13 N.3 LOBBY
CARD 2 COLUMNS 25 - 30 TYPE (F6.2)
MISSING = BLANK

V.14 N.4 OTHER
CARD 2 COLUMNS 31 - 36 TYPE (F6.2)
MISSING = BLANK

V.15 N.5 OTHER
CARD 2 COLUMNS 37 - 42 TYPE (F6.2)
MISSING = BLANK
SYSTEM 1.1
ILE REGLED RECORD 55 DETAILED LIST

- RECORD TYPE 52

THIS RECORD CONSISTS OF DATA FOR TARGET INVENTORY LEVELS FOR NATIONAL AND COMMUNITY CENTERS. THIS CORRESPONDS TO HEADER 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=1000

THIS RECORD REQUIRES 3 CARDS PER CASE

AXIMUM OF THIS RECORD TYPE PER CASE 10
NUMBER OF RECORDS OF THIS TYPE ON DATA FILE LB
NUMBER OF CARDS IN DATA RECORD 2

DRT IDENTIFIER 1 - BRANCH

1. IDNUM, CARD 1 COLUMNS 3 - 5 TYPE (I)
2. BRANCH, CARD 1 COLUMNS 6 - 8 TYPE (I) MISSING= BLANK
3. D22, 1-2.3-VARY TARGET BY WEEK CARD 1 COLUMN 9 TYPE (I) MISSING= BLANK

1 = YES 2 = NO

4. D22, 1-2.4-VARY TARGET BY MONTH CARD 1 COLUMN 10 TYPE (I) MISSING= BLANK

1 = YES 2 = NO

5. D22, 1-2.5-VARY TARGET BY YEAR CARD 1 COLUMN 11 TYPE (I) MISSING= BLANK

1 = YES 2 = NO

6. D22, 1-3-3-WB-C6 CARD 2 COLUMNS 12 - 17 TYPE (I) MISSING= BLANK

7. D22, 1-3-FRC-C6 CARD 2 COLUMNS 18 - 23 TYPE (I) MISSING= BLANK
V7. D26, 1.3-wb-u-
   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. D30, 1.3-wb-a-
    CARD 1 COLUMNS 48 - 53 TYPE (I)
    MISSING= BLANK

V12. D31, 1.3-prc-a-
    CARD 1 COLUMNS 54 - 59 TYPE (I)
    MISSING= BLANK

V13. D32, 1.3-wb-b-
    CARD 1 COLUMNS 60 - 65 TYPE (I)
    MISSING= BLANK

V14. D33, 1.3-prc-b-
    CARD 1 COLUMNS 66 - 71 TYPE (I)
    MISSING= BLANK

V15. D34, 1.3-wb-b-
    CARD 1 COLUMNS 72 - 77 TYPE (I)
    MISSING= BLANK

V16. D35, 1.3-prc-b-
    CARD 2 COLUMNS 1 - 6 TYPE (I)
    MISSING= BLANK

V17. D36, 1.3-wb-a+b-
    CARD 2 COLUMNS 7 - 12 TYPE (I)
    MISSING= BLANK

V18. D37, 1.3-prc-a+b-
    CARD 2 COLUMNS 13 - 18 TYPE (I)
    MISSING= BLANK

V19. D38, 1.3-wb-a+b-
    CARD 2 COLUMNS 19 - 24 TYPE (I)
    MISSING= BLANK

V20. D39, 1.3-prc-a+b-
    CARD 2 COLUMNS 25 - 30 TYPE (I)
    MISSING= BLANK
**SYSTEM 1.1**

**FILE REGBILD RECORD 50 DETAILED LIST**

**RECORD TYPE 50**

**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:**

<table>
<thead>
<tr>
<th>Source</th>
<th>Set Branch To</th>
<th>Year Values</th>
<th>Values</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community</td>
<td>IDNUM</td>
<td>1, 2, 3</td>
<td></td>
</tr>
<tr>
<td>National</td>
<td>301 TO 400</td>
<td>2, 3</td>
<td></td>
</tr>
</tbody>
</table>

**Finally, this record is part of inventory control, indicating values 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 cases in data record**

**GET IDENTIFIER 1 - BRANCH**
**GET IDENTIFIER 2 - YEAR**

1. **IDNUM,-column 3 - i type (i)**
2. **BRANCH, column 6 - j type (i)**
3. **YEAR, column 9 type (i)**
4. **OZLIT, j-liters plasma recovered, column 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
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)
St. Mary of Nazareth Hospital Center (Chicago)
St. Margaret's 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)