

New Jersey Department of Health
 Clinical Laboratory Improvement Services
 PO Box 361
 Trenton, NJ 08625-0361

**BLOOD BANK ANNUAL STATISTICS
 (Hematopoietic Progenitor Cell Facilities)**

Name of Blood Bank	CALENDAR YEAR
Street Address	County
City, State, Zip Code	
Name of Individual Completing Form	Telephone Number

Please furnish the following data for the report year and return to the Department at the above address provided in the cover letter. If the response(s) is(are) zero, please indicate that as well. Please retain a copy for your files. If assistance is needed, contact the Clinical Laboratory Improvement Service, Blood Bank Unit, at 609-406-6829.

1. Number of Hematopoietic Progenitor Cells collected in New Jersey:	_____
2. Number of Hematopoietic Progenitor Cells processed (from New Jersey collections only):	_____
3. Number of Hematopoietic Progenitor Cells stored (from New Jersey collections only):	_____
4. Number of Hematopoietic Progenitor Cells collected in New Jersey used for transplantation:	_____

Name of Medical Director (Print)	
Signature of Medical Director	Date