

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

**BLOOD BANK ANNUAL STATISTICS**  
*(Perioperative Autologous Blood Collection and Administration Facilities)*

Name of Facility	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 Intraoperative Autologous Blood collections performed in New Jersey: .....	_____
2. Number of Postoperative Autologous Blood collections performed in New Jersey: .....	_____
3. Number of Acute Normovolemic Hemodilution procedures performed in New Jersey: .....	_____
4. Number of Platelet Rich Plasma Gel procedures performed in New Jersey: .....	_____
5. Attach a list of facilities in New Jersey where the above procedures were performed.	

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