

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

**BLOOD BANK ANNUAL STATISTICS
 (Umbilical Cord Blood 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 Umbilical Cord Bloods collected in New Jersey: | _____ |
| 2. Number of Umbilical Cord Bloods processed (from New Jersey collections only):..... | _____ |
| 3. Number of Umbilical Cord Bloods stored (from New Jersey collections only): | _____ |
| 4. Number of Umbilical Cord Blood collected in New Jersey used for transplantation: | _____ |

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