



**CMC EQAS – Transfusion Module
Methodology Survey Form –Blood Banks**

If you are a **BLOOD BANK** and wish to participate in the CMCEQAS Transfusion Module please fill up the form below and send it along with your registration form.

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 PIN(Existing participants)

Tick to indicate your current practice

1	Donors & Donations								
2	Number of Donors per year		Repeat Voluntary Donors(%)		Number of donations per year		Voluntary donations (%)		
3	If your Blood Bank prepares components, circle all relevant products made								
4	Whole blood only	Packed Red cells (no additive)	Red cells concentrate with additive	Plate rich plasma	Platelet rich concentrate	Fresh frozen plasma Banked plasma (never frozen)	Cryo precipitate	Cryo (plasma)supernate	
5	Is apheresis performed?	Yes	No	If yes please circle components produced	Platelets	Red cells	Plasma	Leucocytes	
6	Infectious Disease screening								
7	Source of kits	NACO ONLY	Self-purchased	Both NACO + Self purchased	Other (Specify)				
8	Malaria	Rapid Cards (Antigen/Antibody)	Fluorescence	Thin/Thick Smear	Syphilis	RPR	VDRL	TPHA	ELISA
9	Viral Screen	Rapid kits	ELISA	CLIA/ECI	NAT	Other (Specify)			
10	Specify kit name for ID test	<i>Malaria</i>	<i>Syphilis</i>	<i>HIV</i>	<i>HBV</i>	<i>HCV</i>	<i>Other</i>		
11	Manufacturer for ID test								
12	Do you use independent (3 rd party) controls for ID Screens	NO	YES (Specify)	Do you participate in any other EQAS for TTI		Yes / No			
13	Any additional tests performed for Infectious disease screening <i>specify</i>								
14	Automation for ID screen	Company			Platform				
15	Quality Assurance (Circle all that apply)								
16	Internal QC performance frequency	At reagent selection	Daily		QC performed on (Circle)	Antisera (Reagents)	Reagent red cells		
17	Instrument calibration	No	Yes		Participation in EQAS	CMCEQAS	Any other(specify)		
18	Comments:								

Signature: _____ Seal: _____ Date: _____