



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

If you are a **BLOOD CENTER** and wish to participate in the CMCEQAS Transfusion Module please fill up the form below and send it along with your registration form.      PIN (Existing participants)

Tick to indicate your current practice

<b>1</b>	<b>Donors &amp; Donations</b>									
2	Number of Donors per year		Repeat Voluntary Donors (%)		Number of donations per year		Voluntary donations (%)			
3	If your Blood Center prepares components, circle <b>all</b> 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	Cryo precipitate	Cryo (plasma) supernate		
5	Is apheresis performed?	Yes	No	If yes please circle components produced	Platelets	Red cells	Plasma	Leucocytes		
<b>6</b>	<b>Infectious Disease Screening</b>									
7	Source of kits	NACO ONLY	Self-purchased	Both NACO + Self purchased	Other (Specify)					
8	<b>Malaria</b>	Rapid Cards (Antigen/ Antibody)	Fluorescence	Thin/Thick Smear	<b>Syphilis</b>	RPR	VDRL	TPHA	ELISA	
9	<b>Viral Screen</b>	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 <sup>rd</sup> 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					
<b>15</b>	<b>Quality Assurance (Circle all that apply)</b>									
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: \_\_\_\_\_