

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

**BROKERS AND REAGENT MANUFACTURERS - ANNUAL STATISTICAL DATA**

Name of Blood Bank	County
Address	
Name of Individual Completing Form	Telephone Number

***Please furnish the following data for the report year and return to the above address, by the required date. Please retain a copy for your files. If assistance is needed, contact the Blood Bank Program of the Clinical Laboratory Improvement Service at 609-406-6829.***

**A. Source of Plasma Supply**

Name	Address	Amount (in Liters)
a.		
b.		
c.		
d.		
e.		
f.		
g.		
h.		
i.		
j.		
k.		
l.		
m.		
n.		
o.		
p.		

**BROKERS AND REAGENT MANUFACTURERS – ANNUAL STATISTICAL DATA  
(Continued)**

Name of Blood Bank
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**A. Source of Plasma Supply, Continued**

Name	Address	Amount (in Liters)
q.		
r.		
s.		
t.		
u.		
v.		

**B. Distribution of Plasma**

Name	Address	Amount (in Liters)
a.		
b.		
c.		
d.		
e.		
f.		
g.		
h.		
i.		
j.		

**C. Use of Plasma**

a. Number of units used for in vitro diagnostic reagents and controls.	
b. Number of units destroyed as unusable.	
c. Number of units on hand, December 31.	

Signature of Blood Bank Director	Date
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