

























































| Field Name                     | Valid Values  | Description                                | Data Type | Length | Format | Required | Comments & Questions |
|--------------------------------|---------------|--|-----------|--------|--------|----------|----------------------|
| <b>PooledDateMO</b>            |               | <b>Pooled Date - Month</b>                 | Integer   | 2      | mm     |          |                      |
|                                | 1-12          |  |           |        |        |          |                      |
|                                | -6            | Other Notation                             |           |        |        |          |                      |
|                                | -8            | NOT REPORTED or UNKNOWN for Participant    |           |        |        |          |                      |
|                                | -9            | NOT COLLECTED at Hospital or Hub           |           |        |        |          |                      |
| <b>PooledDateDA</b>            |               | <b>Pooled Date - Day</b>                   | Integer   | 2      | dd     |          |                      |
|                                | 1-31          |  |           |        |        |          |                      |
|                                | -6            | Other Notation                             |           |        |        |          |                      |
|                                | -8            | NOT REPORTED or UNKNOWN for Participant    |           |        |        |          |                      |
|                                | -9            | NOT COLLECTED at Hospital or Hub           |           |        |        |          |                      |
| <b>PooledDateTime</b>          |               | <b>Time Pool Created</b>                   | Time      | 5      | hh:mm  |          |                      |
|                                | 00:00 - 23:59 |  |           |        |        |          |                      |
|                                | -6            | Other Notation                             |           |        |        |          |                      |
|                                | -8            | NOT REPORTED or UNKNOWN for Participant    |           |        |        |          |                      |
|                                | -9            | NOT COLLECTED at Hospital or Hub           |           |        |        |          |                      |
| <b>RinsingSalineWashDateYR</b> |               | <b>Rinsing or Saline Wash Date - Year</b>  | Integer   | 4      | yyyy   |          |                      |
|                                | 2012-2020     |  |           |        |        |          |                      |
|                                | -6            | Other Notation                             |           |        |        |          |                      |
|                                | -8            | NOT REPORTED or UNKNOWN for Participant    |           |        |        |          |                      |
|                                | -9            | NOT COLLECTED at Hospital or Hub           |           |        |        |          |                      |
| <b>RinsingSalineWashDateMO</b> |               | <b>Rinsing or Saline Wash Date - Month</b> | Integer   | 2      | mm     |          |                      |
|                                | 1-12          |  |           |        |        |          |                      |
|                                | -6            | Other Notation                             |           |        |        |          |                      |
|                                | -8            | NOT REPORTED or UNKNOWN for Participant    |           |        |        |          |                      |

| Field Name                       | Valid Values  | Description                                     | Data Type | Length | Format | Required | Comments & Questions |
|----------------------------------|---------------|---|-----------|--------|--------|----------|----------------------|
|                                  | -9            | NOT COLLECTED at Hospital or Hub                |           |        |        |          |                      |
| <b>RinsingSalineWashDateDA</b>   |               | <b>Rinsing or Saline Wash Date - Day</b>        | Integer   | 2      | dd     |          |                      |
|                                  | 1-31          |   |           |        |        |          |                      |
|                                  | -6            | Other Notation                                  |           |        |        |          |                      |
|                                  | -8            | NOT REPORTED or UNKNOWN for Participant         |           |        |        |          |                      |
|                                  | -9            | NOT COLLECTED at Hospital or Hub                |           |        |        |          |                      |
| <b>RinsingSalineWashDateTime</b> |               | <b>Time Product Was Rinsed or Saline Washed</b> | Time      | 5      | hh:mm  |          |                      |
|                                  | 00:00 - 23:59 |   |           |        |        |          |                      |
|                                  | -6            | Other Notation                                  |           |        |        |          |                      |
|                                  | -8            | NOT REPORTED or UNKNOWN for Participant         |           |        |        |          |                      |
|                                  | -9            | NOT COLLECTED at Hospital or Hub                |           |        |        |          |                      |
| <b>AliquotDateYR</b>             |               | <b>Aliquot Date - Year</b>                      | Integer   | 4      | yyyy   |          |                      |
|                                  | 2012-2020     |   |           |        |        |          |                      |
|                                  | -6            | Other Notation                                  |           |        |        |          |                      |
|                                  | -8            | NOT REPORTED or UNKNOWN for Participant         |           |        |        |          |                      |
|                                  | -9            | NOT COLLECTED at Hospital or Hub                |           |        |        |          |                      |
| <b>AliquotDateMO</b>             |               | <b>Aliquot Date - Month</b>                     | Integer   | 2      | mm     |          |                      |
|                                  | 1-12          |   |           |        |        |          |                      |
|                                  | -6            | Other Notation                                  |           |        |        |          |                      |
|                                  | -8            | NOT REPORTED or UNKNOWN for Participant         |           |        |        |          |                      |
|                                  | -9            | NOT COLLECTED at Hospital or Hub                |           |        |        |          |                      |
| <b>AliquotDateDA</b>             |               | <b>Aliquot Date - Day</b>                       | Integer   | 2      | dd     |          |                      |
|                                  | 1-31          |   |           |        |        |          |                      |
|                                  | -6            | Other Notation                                  |           |        |        |          |                      |

| Field Name                     | Valid Values  | Description                             | Data Type | Length | Format | Required | Comments & Questions |
|--------------------------------|---------------|---|-----------|--------|--------|----------|----------------------|
|                                | -8            | NOT REPORTED or UNKNOWN for Participant |           |        |        |          |                      |
|                                | -9            | NOT COLLECTED at Hospital or Hub        |           |        |        |          |                      |
| <b>AliquotDateTime</b>         |               | <b>Time Aliquot Was Produced</b>        | Time      | 5      | hh:mm  |          |                      |
|                                | 00:00 - 23:59 |   |           |        |        |          |                      |
|                                | -6            | Other Notation                          |           |        |        |          |                      |
|                                | -8            | NOT REPORTED or UNKNOWN for Participant |           |        |        |          |                      |
|                                | -9            | NOT COLLECTED at Hospital or Hub        |           |        |        |          |                      |
| <b>DeglycerolizationDateYR</b> |               | <b>Deglycerolization Date - Year</b>    | Integer   | 4      | yyyy   |          |                      |
|                                | 2012-2020     |   |           |        |        |          |                      |
|                                | -6            | Other Notation                          |           |        |        |          |                      |
|                                | -8            | NOT REPORTED or UNKNOWN for Participant |           |        |        |          |                      |
|                                | -9            | NOT COLLECTED at Hospital or Hub        |           |        |        |          |                      |
| <b>DeglycerolizationDateMO</b> |               | <b>Deglycerolization Date - Month</b>   | Integer   | 2      | mm     |          |                      |
|                                | 1-12          |   |           |        |        |          |                      |
|                                | -6            | Other Notation                          |           |        |        |          |                      |
|                                | -8            | NOT REPORTED or UNKNOWN for Participant |           |        |        |          |                      |
|                                | -9            | NOT COLLECTED at Hospital or Hub        |           |        |        |          |                      |
| <b>DeglycerolizationDateDA</b> |               | <b>Deglycerolization Date - Day</b>     | Integer   | 2      | dd     |          |                      |
|                                | 1-31          |   |           |        |        |          |                      |
|                                | -6            | Other Notation                          |           |        |        |          |                      |
|                                | -8            | NOT REPORTED or UNKNOWN for Participant |           |        |        |          |                      |
|                                | -9            | NOT COLLECTED at Hospital or Hub        |           |        |        |          |                      |

| Field Name                       | Valid Values  | Description                             | Data Type | Length | Format | Required | Comments & Questions |
|----------------------------------|---------------|---|-----------|--------|--------|----------|----------------------|
| <b>DeglycerolizationDateTime</b> |               | <b>Time Product was Deglycerolized</b>  | Time      | 5      | hh:mm  |          |                      |
|                                  | 00:00 - 23:59 |   |           |        |        |          |                      |
|                                  | -6            | Other Notation                          |           |        |        |          |                      |
|                                  | -8            | NOT REPORTED or UNKNOWN for Participant |           |        |        |          |                      |
|                                  | -9            | NOT COLLECTED at Hospital or Hub        |           |        |        |          |                      |
| <b>ReconstitutionDateYR</b>      |               | <b>Reconstitution Year</b>              | Integer   | 4      | yyyy   |          |                      |
|                                  | 2012-2020     |   |           |        |        |          |                      |
|                                  | -6            | Other Notation                          |           |        |        |          |                      |
|                                  | -8            | NOT REPORTED or UNKNOWN for Participant |           |        |        |          |                      |
|                                  | -9            | NOT COLLECTED at Hospital or Hub        |           |        |        |          |                      |
| <b>ReconstitutionDateMO</b>      |               | <b>Reconstitution Month</b>             | Integer   | 2      | mm     |          |                      |
|                                  | 1-12          |   |           |        |        |          |                      |
|                                  | -6            | Other Notation                          |           |        |        |          |                      |
|                                  | -8            | NOT REPORTED or UNKNOWN for Participant |           |        |        |          |                      |
|                                  | -9            | NOT COLLECTED at Hospital or Hub        |           |        |        |          |                      |
| <b>ReconstitutionDateDA</b>      |               | <b>Reconstitution Day</b>               | Integer   | 2      | dd     |          |                      |
|                                  | 1-31          |   |           |        |        |          |                      |
|                                  | -6            | Other Notation                          |           |        |        |          |                      |
|                                  | -8            | NOT REPORTED or UNKNOWN for Participant |           |        |        |          |                      |
|                                  | -9            | NOT COLLECTED at Hospital or Hub        |           |        |        |          |                      |
| <b>ReconstitutionDateTime</b>    |               | <b>Time Product Was Reconstituted</b>   | Time      | 5      | hh:mm  |          |                      |
|                                  | 00:00 - 23:59 |   |           |        |        |          |                      |
|                                  | -6            | Other Notation                          |           |        |        |          |                      |

| Field Name                     | Valid Values  | Description                             | Data Type | Length | Format | Required | Comments & Questions |
|--------------------------------|---------------|---|-----------|--------|--------|----------|----------------------|
|                                | -8            | NOT REPORTED or UNKNOWN for Participant |           |        |        |          |                      |
|                                | -9            | NOT COLLECTED at Hospital or Hub        |           |        |        |          |                      |
| <b>VolumeReductionDateYR</b>   |               | <b>Volume Reduction Date - Year</b>     | Integer   | 4      | yyyy   |          |                      |
|                                | 2012-2020     |   |           |        |        |          |                      |
|                                | -6            | Other Notation                          |           |        |        |          |                      |
|                                | -8            | NOT REPORTED or UNKNOWN for Participant |           |        |        |          |                      |
|                                | -9            | NOT COLLECTED at Hospital or Hub        |           |        |        |          |                      |
| <b>VolumeReductionDateMO</b>   |               | <b>Volume Reduction Date - Month</b>    | Integer   | 2      | mm     |          |                      |
|                                | 1-12          |   |           |        |        |          |                      |
|                                | -6            | Other Notation                          |           |        |        |          |                      |
|                                | -8            | NOT REPORTED or UNKNOWN for Participant |           |        |        |          |                      |
|                                | -9            | NOT COLLECTED at Hospital or Hub        |           |        |        |          |                      |
| <b>VolumeReductionDateDA</b>   |               | <b>Volume Reduction Date - Day</b>      | Integer   | 2      | dd     |          |                      |
|                                | 1-31          |   |           |        |        |          |                      |
|                                | -6            | Other Notation                          |           |        |        |          |                      |
|                                | -8            | NOT REPORTED or UNKNOWN for Participant |           |        |        |          |                      |
|                                | -9            | NOT COLLECTED at Hospital or Hub        |           |        |        |          |                      |
| <b>VolumeReductionDateTime</b> |               | <b>Time Volume Was Reduced</b>          | Time      | 5      | hh:mm  |          |                      |
|                                | 00:00 - 23:59 |   |           |        |        |          |                      |
|                                | -6            | Other Notation                          |           |        |        |          |                      |
|                                | -8            | NOT REPORTED or UNKNOWN for Participant |           |        |        |          |                      |
|                                | -9            | NOT COLLECTED at Hospital or Hub        |           |        |        |          |                      |

| Field Name             | Valid Values                               | Description                                | Data Type | Length | Format | Required | Comments & Questions |
|------------------------|--|--|-----------|--------|--------|----------|----------------------|
| <b>Product ABO</b>     |  | <b>ABO of product</b>                      | Varchar   | 6      |        |          |                      |
|                        | A  |  |           |        |        |          |                      |
|                        | B  |  |           |        |        |          |                      |
|                        | O  |  |           |        |        |          |                      |
|                        | AB   |  |           |        |        |          |                      |
| POOLE<br>D             | Pooled                                     |  |           |        |        |          |                      |
| <b>Product Rh</b>      |  | <b>Rh of product</b>                       | Varchar   | 6      |        |          |                      |
|                        | POS  | Positive                                   |           |        |        |          |                      |
|                        | NEG  | Negative                                   |           |        |        |          |                      |
|                        | POOLE<br>D                                 | Pooled                                     |           |        |        |          |                      |
| <b>Unit Volume</b>     |  | <b>Volume of unit</b>                      | 9999      |        |        |          |                      |
| <b>ReleaseDateYR</b>   |  | <b>Release Date - Year</b>                 | Integer   | 4      | yyyy   |          |                      |
|                        | 2012-<br>2020                              |  |           |        |        |          |                      |
|                        | -6   | Other Notation                             |           |        |        |          |                      |
|                        | -8   | NOT REPORTED or<br>UNKNOWN for Participant |           |        |        |          |                      |
|                        | -9   | NOT COLLECTED at<br>Hospital or Hub        |           |        |        |          |                      |
|                        |  | <b>Release Date - Month</b>                |           |        |        |          |                      |
| 1-12                   |  |  |           |        |        |          |                      |
| -6                     | Other Notation                             |  |           |        |        |          |                      |
| -8                     | NOT REPORTED or<br>UNKNOWN for Participant |  |           |        |        |          |                      |
| -9                     | NOT COLLECTED at<br>Hospital or Hub        |  |           |        |        |          |                      |
| <b>ReleaseDateMO</b>   |  | <b>Release Date - Day</b>                  | Int       | 2      | dd     |          |                      |
|                        | 1-31                                       |  |           |        |        |          |                      |
|                        | -6   | Other Notation                             |           |        |        |          |                      |
|                        | -8   | NOT REPORTED or<br>UNKNOWN for Participant |           |        |        |          |                      |
|                        | -9   | NOT COLLECTED at<br>Hospital or Hub        |           |        |        |          |                      |
| <b>ReleaseDateDA</b>   |  | <b>Release Time</b>                        | Time      | 5      | hh:mm  |          |                      |
|                        | 1-31                                       |  |           |        |        |          |                      |
|                        | -6   | Other Notation                             |           |        |        |          |                      |
|                        | -8   | NOT REPORTED or<br>UNKNOWN for Participant |           |        |        |          |                      |
| -9                     | NOT COLLECTED at<br>Hospital or Hub        |  |           |        |        |          |                      |
| <b>ReleaseDateTime</b> |  | <b>Release Time</b>                        | Time      | 5      | hh:mm  |          |                      |

| Field Name | Valid Values  | Description                             | Data Type | Length | Format | Required | Comments & Questions |
|------------|---------------|---|-----------|--------|--------|----------|----------------------|
|            | 00:00 - 23:59 |   |           |        |        |          |                      |
|            | -6            | Other Notation                          |           |        |        |          |                      |
|            | -8            | NOT REPORTED or UNKNOWN for Participant |           |        |        |          |                      |
|            | -9            | NOT COLLECTED at Hospital or Hub        |           |        |        |          |                      |



Specifications for tbl\_Comp\_ProductsPooled\_TS

| Field Name              | Valid Values            | Description   | Data Type | Length | Required | Notes   |
|-------------------------|-------------------------|---|-----------|--------|----------|---|
| <b>PooledProductKey</b> |                         | <b>Pooled Donation Identification Number (DIN) + Pooled ISBT/Codabar Product Code</b> | Varchar   | 25     | Y        | pooled DIN + the product code of the pooled product (e.g. pooled cryo or pooled platelet) |
| <b>DIN</b>              |                         | <b>Donation Identification Number (DIN)</b>   | Varchar   | 13     | Y        | The original DIN becoming part of the pool  |
| <b>HospitalCode</b>     |                         | <b>Hospital identifier (01-12) where encounter occurred</b>                           | Integer   | 2      |          |   |
|                         | 1                       | Froedtert Hospital  |           |        |          |   |
|                         | 2                       | Marshfield Clinic/ Saint Joseph's Hospital  |           |        |          |   |
|                         | 3                       | Aurora Saint Luke's Hospital  |           |        |          |   |
|                         | 4                       | Aurora Sinai Hospitals  |           |        |          |   |
|                         | 5                       | UCSF Medical Center   |           |        |          |   |
|                         | 6                       | San Francisco General Hospital  |           |        |          |   |
|                         | 7                       | San Francisco Veterans Administration   |           |        |          |   |
|                         | 8                       | University of Pittsburgh Medical Center Presbyterian                                  |           |        |          |   |
|                         | 9                       | University of Pittsburg Medical Center Shadyside                                      |           |        |          |   |
|                         | 10                      | University of Pittsburg Medical Center St. Margaret's                                 |           |        |          |   |
|                         | 11                      | Bridgeport Hospital   |           |        |          |   |
| 12                      | Yale-New Haven Hospital |   |           |        |          |   |

tbl\_Comp\_Imports

| Field Name            | Valid Values  | Description   | Data Type | Length | Format | Required | Notes  |
|-----------------------|---------------|---|-----------|--------|--------|----------|--|
| <b>ProductKey</b>     |               | <b>Combined DIN + ISBT/Codabar Product Code</b>   | Varchar   | 25     |        |          |  |
| <b>StatusDateYr</b>   | 2012-2016     | <b>Status Date Year</b>   | Integer   | 4      | yyyy   | Y        | Required field   |
| <b>StatusDateMo</b>   | 1-12          | <b>Status Date Month</b>  | Integer   | 2      | mm     | Y        | Required field   |
| <b>StatusDateDa</b>   | 1-31          | <b>Status Date Day</b>  | Integer   | 2      | dd     | Y        | Required field   |
| <b>StatusDateTime</b> | 00:00 - 23:59 | <b>Time of Status</b>   | Time      | 5      | hh:mm  | Y        | Required field - Hour should use 24-hour clock (00:00 - 23:59)   |
| <b>CenterID</b>       |               | <b>Blood Center ID</b>  | Integer   | 2      |        | Y        |  |
|                       | 31            | Blood Center of Wisconsin   |           |        |        |          |  |
|                       | 32            | Blood Center of the Pacific/University of California, San Francisco                                     |           |        |        |          |  |
|                       | 35            | Institute for Transfusion Medicine  |           |        |        |          |  |
|                       | 36            | American Red Cross Blood services, CT Region  |           |        |        |          |  |
| <b>DIN</b>            |               | <b>Donation Identification Number (DIN) /Blood Unit Identifier/Whole Blood Number/ Barcode/ Pool ID</b> | Varchar   | 13     |        | Y        |  |
| <b>DonorID</b>        |               | <b>Donor ID.</b>  | Varchar   | 10     |        |          | DonorID can be null is when the product is imported.   |
| <b>DonYr</b>          | 2012-2017     | <b>Year of Donation</b>   | Integer   | 4      |        | Y        | Can be part of Unique Identifier if no duplicates.   |
| <b>DonMo</b>          | 1-12          | <b>Month of Donation</b>  | Integer   | 2      |        | Y        | Can be part of Unique Identifier if no duplicates.   |
| <b>DonDa</b>          | 1-31          | <b>Day of Donation</b>  | Integer   | 2      |        | Y        | Can be part of Unique Identifier if no duplicates.   |
| <b>BirthYr</b>        | 1900-2001     | <b>Year of Birth</b>  | Integer   | 4      |        |          | RTI to perform age validation by calculating age at the time of donation for 16 yrs or above for all donor except autologous. Autologous donors do not have age restriction. |

| Field Name          | Valid Values | Description   | Data Type | Length | Format | Required | Notes   |
|---------------------|--------------|---|-----------|--------|--------|----------|---|
| <b>BirthMo</b>      | 1-12         | <b>Month of Birth</b>   | Integer   | 2      |        |          |   |
| <b>BirthDa</b>      | 1-31         | <b>Day of Birth</b>   | Integer   | 2      |        |          |   |
| <b>Sex</b>          |              | <b>Sex of Donor</b>   | Varchar   | 1      |        |          |   |
|                     | M            | Male  |           |        |        |          |   |
|                     | F            | Female  |           |        |        |          |   |
|                     | 9            | Unknown   |           |        |        |          |   |
| <b>ResidenceZip</b> |              | <b>Zip Code of Donor</b>  | Varchar   | 10     |        |          |   |
| <b>BornUSA</b>      |              | <b>Born in USA</b>  | Varchar   | 1      |        |          |   |
|                     | N            | No  |           |        |        |          |   |
|                     | Y            | Yes   |           |        |        |          |   |
|                     | 9            | Unknown   |           |        |        |          |   |
| <b>Country</b>      |              | <b>[If NO above] What is country of birth?</b>                        | Integer   | 3      |        |          |   |
|                     |              | ISO 3166-1 list of country codes that will be updated annually by RTI |           |        |        |          |   |
|                     | 9            | Unknown   |           |        |        |          |   |
| <b>Race</b>         |              | <b>What is your race? (Mark all that apply)</b>                       | Varchar   | 6      |        |          | Site to send the multiple races as concatenated field |
|                     | W            | White   |           |        |        |          |   |
|                     | B            | Black or African American   |           |        |        |          |   |
|                     | E            | American Indian/Alaska Native   |           |        |        |          |   |
|                     | A            | Asian   |           |        |        |          |   |
|                     | L            | Native Hawaiian or other Pacific Islander                             |           |        |        |          |   |
|                     | O            | Other   |           |        |        |          |   |
|                     | 9            | Not sure, or do not wish to answer                                    |           |        |        |          |   |
| <b>Ethnicity</b>    |              | <b>Ethnicity of subject</b>   | Char      | 2      |        |          |   |
|                     | Y            | Hispanic or Latino  |           |        |        |          |   |
|                     | N            | Not Hispanic or Latino  |           |        |        |          |   |
|                     | -6           | Other Notation  |           |        |        |          |   |
|                     | -8           | NOT REPORTED or UNKNOWN for Participant                               |           |        |        |          |   |

| Field Name                | Valid Values  | Description  | Data Type | Length | Format | Required | Notes  |
|---------------------------|---------------|--|-----------|--------|--------|----------|--|
|                           | -9            | NOT COLLECTED at Hospital or Hub                               |           |        |        |          |  |
| <b>ISBTProductCode</b>    |               | <b>ISBT Unit Identifier (Product Code)</b>                     | Varchar   | 8      |        |          | There is a possibility of a longer length of the Product Code in the data from data sources. |
| <b>CodabarProductCode</b> |               | <b>Codabar Unit Identifier (Product Code)</b>                  | Integer   | 5      |        |          |  |
| <b>DonProc</b>            |               | <b>Donation Procedure - Recommended Codes</b>                  | Varchar   | 2      |        |          |  |
|                           | WB            | WHOLE BLOOD  |           |        |        |          |  |
|                           | SO            | SAMPLE ONLY  |           |        |        |          |  |
|                           | PP            | PLATELETPHERESIS   |           |        |        |          |  |
|                           | LP            | LEUKOPHERESIS  |           |        |        |          |  |
|                           | PL            | PLASMAPHERESIS   |           |        |        |          |  |
|                           | P2            | PLATELETPHERESIS/PLASMAPHERESIS                                |           |        |        |          |  |
|                           | P3            | PLATELETPHERESIS/PLASMAPHERESIS/RBC                            |           |        |        |          |  |
|                           | P4            | PLATELETPHERESIS/RBC   |           |        |        |          |  |
|                           | P5            | PLASMAPHERESIS/RBC   |           |        |        |          |  |
|                           | R2            | DOUBLE RBC   |           |        |        |          |  |
|                           | SC            | STEM CELLS   |           |        |        |          |  |
|                           | OT            | OTHER  |           |        |        |          |  |
| R1                        | SINGLE RBC    |  |           |        |        |          |  |
| 99                        | NOT AVAILABLE |  |           |        |        |          |  |
| <b>ProductType</b>        |               | <b>Product Type</b>  | Varchar   | 5      |        | Y        |  |
|                           | PLAS          | Plasma, -includes all types of plasma. FFP, FP24, liquid, etc. |           |        |        |          |  |
|                           | RBC           | Red Cells  |           |        |        |          |  |
|                           | PLAT          | Platelets  |           |        |        |          |  |
|                           | CRYO          | Cryoprecipitate  |           |        |        |          |  |
|                           | GRAN          | Granulocytes   |           |        |        |          |  |
|                           | WHOL          | Whole Blood  |           |        |        |          |  |

| Field Name         | Valid Values                               | Description                                | Data Type | Length | Format | Required | Notes |
|--------------------|--|--|-----------|--------|--------|----------|-------|
|                    | OTHE<br>R                                  | Other Product Type                         |           |        |        |          |       |
| <b>Product ABO</b> |  | <b>ABO of product</b>                      | Varchar   | 6      |        |          |       |
|                    | A  |  |           |        |        |          |       |
|                    | B  |  |           |        |        |          |       |
|                    | O  |  |           |        |        |          |       |
|                    | AB   |  |           |        |        |          |       |
|                    | POOLE<br>D                                 | Pooled                                     |           |        |        |          |       |
| -8                 | NOT REPORTED or UNKNOWN<br>for Participant |  |           |        |        |          |       |
| <b>Product Rh</b>  |  | <b>Rh of product</b>                       | Varchar   | 6      |        |          |       |
|                    | POS  | Positive                                   |           |        |        |          |       |
|                    | NEG  | Negative                                   |           |        |        |          |       |
|                    | POOLE<br>D                                 | Pooled                                     |           |        |        |          |       |
|                    | -8   | NOT REPORTED or UNKNOWN<br>for Participant |           |        |        |          |       |
| <b>ABO_RH</b>      |  | <b>Blood Type of Donor</b>                 | Varchar   | 3      |        |          |       |
|                    | O+   | O POSITIVE                                 |           |        |        |          |       |
|                    | A+   | A POSITIVE                                 |           |        |        |          |       |
|                    | B+   | B POSITIVE                                 |           |        |        |          |       |
|                    | AB+  | AB POSITIVE                                |           |        |        |          |       |
|                    | O-   | O NEGATIVE                                 |           |        |        |          |       |
|                    | A-   | A NEGATIVE                                 |           |        |        |          |       |
|                    | B-   | B NEGATIVE                                 |           |        |        |          |       |
|                    | AB-  | AB NEGATIVE                                |           |        |        |          |       |
|                    | UNT  | UNTYPED                                    |           |        |        |          |       |
|                    | -8   | NOT REPORTED or UNKNOWN<br>for Participant |           |        |        |          |       |
| <b>HB_Value</b>    |  | <b>HEMOGLOBIN VALUE</b>                    | Single    | 3.1    |        |          |       |
|                    | 07.0-<br>25.6                              | 07.0-25.6                                  |           |        |        |          |       |
|                    | 99.1                                       | HB Below Range                             |           |        |        |          |       |
|                    | 99.2                                       | HB Above Range                             |           |        |        |          |       |

| Field Name        | Valid Values | Description   | Data Type | Length | Format | Required | Notes |
|-------------------|--------------|---|-----------|--------|--------|----------|-------|
|                   | 99.9         | Not Available   |           |        |        |          |       |
| <b>PrevScrnHx</b> |              | <b>Previous Screening History</b>   | Varchar   | 1      |        |          |       |
|                   | N            | No previous Blood Unit Identifier (BUI) in the Blood Center Database (BCDB) for Donor |           |        |        |          |       |
|                   | T            | BUI with Screening Test Results in BCDB from earlier donation by same donor           |           |        |        |          |       |
|                   | B            | BUI Assigned earlier to Donor, but Screening Test Results not in BCDB                 |           |        |        |          |       |
|                   | 9            | Not Available   |           |        |        |          |       |