



Department of Defense INSTRUCTION

NUMBER 6480.04

August 13, 2012

Incorporating Change 1, Effective October 2, 2013

USD(P&R)

SUBJECT: Armed Services Blood Program Operational Procedures

References: See Enclosure 1

1. PURPOSE. This Instruction:

a. Reissues DoD Instruction (DoDI) 6480.04 (Reference (a)) in accordance with the authority in DoD Directive (DoDD) 5136.01 (Reference (b)) and DoDI 5025.01 (Reference (c)) to implement policy established in DoDD 6000.12E (Reference (d)), assign responsibilities, and prescribe procedures to carry out the responsibilities of the Armed Services Blood Program (ASBP) during peacetime, contingency, and wartime operations.

b. Prescribes the mobilization planning process for blood and blood products (class VIII B) in support of geographic Combatant Commanders with the support of the Commander of U.S. Transportation Command. Planning factors do not include electrolytes, colloids, or fluid requirements.

c. Establishes the requirement for publishing, procurement, and utilization, by military blood bank facilities, of the AABB (formerly known as the American Association of Blood Banks) Standards for Blood Banks and Transfusion Services (Reference (e)), and AABB Technical Manual (TM) (Reference (f)).

d. Prescribes guidance for the establishment and implementation of blood bank procedures by the military blood bank facilities, as appropriate, in accordance with title 21, Code of Federal Regulations (Reference (g)).

2. APPLICABILITY. This Instruction:

a. Applies to OSD, the Military Departments, the Office of the Chairman of the Joint Chiefs of Staff and the Joint Staff, the Combatant Commands, the Office of the Inspector General of the Department of Defense, the Defense Agencies, and the DoD Field Activities, and all other organizational entities within the DoD (hereinafter referred to as the "DoD Components"). The

term “Military Services,” as used herein, refers to the Army, the Navy, the Air Force, and the Marine Corps.

b. Applies to all DoD Component blood programs and the Armed Services Blood Program Office (ASBPO) to include:

(1) The collection, processing, distribution, and use of blood and its components by military facilities on a local or regional basis in accordance with the policies of the respective Military Services.

(2) The procurement of blood and its components, for military use, from sources outside the DoD.

c. Applies to the maintenance and implementation by the ASD(HA), the ASBPO, the Military Services, and the geographic Combatant Commands of plans to provide for the activities in subparagraphs 2.b.(1) and 2.b.(2) of this section.

d. Applies to research and development programs devoted to progress and improvement in the areas of blood products, plasma volume expanders, blood substitutes, and the techniques, facilities, and materiel related thereto.

3. DEFINITIONS. See Glossary.

4. POLICY. It is DoD policy, in accordance with Reference (d), that the ASBP shall be a single, integrated blood products (*Class VIII B*) support system ~~composed~~ *comprised* of *the ASBPO, and the Military Services’* and geographic Combatant Commands’ blood programs. The ASBP shall:

a. Be coordinated by the ASBPO.

b. Provide all blood and blood products to DoD medical treatment facilities (MTFs) for peacetime and wartime use.

c. Adhere to current good manufacturing practices (cGMPs) and regulations published by the U.S. Food and Drug Administration (FDA) and the standards of national accrediting agencies. The readiness posture of the program shall be maintained through an active voluntary donor program, comprehensive blood collection, blood product manufacturing, quality assurance (QA), logistics, transfusion training programs, an FDA-approved information management system that meets functional and regulatory requirements for licensed facilities, an information management system to support Military Service operational units, a dedicated blood and materiel research and development program, and aggressive involvement in joint exercises.

d. Respond to homeland defense contingencies and public health emergencies by supporting civilian authorities. This is coordinated through the AABB Interorganizational Task Force on Domestic Disasters and Acts of Terrorism. This task force coordinates blood requests and

support, as covered under the ~~medical and public health section of~~ *Department of Health and Human Services (HHS) Emergency Support Function No. #8: Public Health and Emergency Services Annex* of the National Response Framework (*NRF*) (Reference (h)).

5. RESPONSIBILITIES. See Enclosure 2.

6. PROCEDURES. See Enclosure 3.

7. INFORMATION COLLECTION REQUIREMENTS. The ASBP status reports referred to in paragraphs 4.a, 4.b, 4.c, and 4.d of Enclosure 3 of this Instruction are exempt from licensing requirements in accordance with paragraph C4.4.2 of DoD 8910.1-M (Reference(i)).

a. The Operational Data Reporting System (ODRS).

b. Contingency Blood Reports.

c. Armed Services Whole Blood Processing Laboratory (ASWBPL) Daily Inventory Reports.

d. ASWBPL Weekly Compliance Reports.

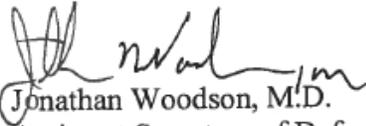
8. RELEASABILITY. UNLIMITED. This Instruction is approved for public release and is available on the Internet from the DoD Issuances Website at <http://www.dtic.mil/whs/directives>.

9. EFFECTIVE DATE. *This Instruction:*

a. ~~This Instruction i~~s effective August 13, 2012.

b. ~~This Instruction m~~ust be reissued, cancelled, or certified current within 5 years of its publication *to be considered current* in accordance with Reference (c).

c. ~~If not, this Instruction w~~ill expire effective August 13, 2022 and be removed from the DoD Issuances Website *if it hasn't been reissued or cancelled in accordance with Reference (c)*.


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ENCLOSURE 1

REFERENCES

- (a) DoD Instruction 6480.04, “Armed Services Blood Program (ASBP) Operational Procedures,” August 5, 1996 (hereby cancelled)
- (b) DoD Directive 5136.01, “Assistant Secretary of Defense for Health Affairs (ASD(HA)),” June 4, 2008
- (c) DoD Instruction 5025.01, “DoD Directives Program,” ~~October 28, 2007~~
September 26, 2012, as amended
- (d) DoD Directive 6000.12E, “Health Service Support,” January 6, 2011
- (e) Technical Manual 4-02.70/Navy Medical Publication-5120/Air Force Manual.41.111_1P, “AABB Standards for Blood Banks and Transfusion Services,” current edition¹
- (f) Technical Manual 8-227.3/Navy Medical Publication-5101/Air Force Manual 41-119, “AABB Technical Manual,” current edition¹
- (g) Parts 200 to 299, 600 to 799, and 800 to 899 of title 21, Code of Federal Regulations
- (h) Department of Homeland Security, “National Response Framework,” January 2008²
- (i) DoD 8910.01-M, “Department of Defense Procedures for Management of Information Requirements,” June 30, 1998
- (j) DoD Directive 6025.21E, “Medical Research for Prevention, Mitigation, and Treatment of Blast Injuries,” July 5, 2006
- (k) Assistant Secretary of Defense for Health Affairs Memorandum, “Revised Policy Regarding Civilian Blood Collections on Military Installations, Leased Facilities and Aboard Ships,” August 10, 2004
- (l) Deputy Secretary of Defense Memorandum OSD 15545-07, “Policy on Blood Donations by Non-Department of Defense Individuals to the Armed Services Blood Program,” October 9, 2007³
- (m) Technical Manual 8-227-11/Navy Medical Publication-5123/Air Force Instruction 44-118, “Operational Procedures for the Armed Services Blood Program Elements,” September 1, 2007⁴
- (n) Blood Program Letter 10-01, “Department of Defense (DoD) Policy on Blood Donor Screening, Donor Deferral, Notification and Lookback to Include Updated Multiplex HIV/HCV/HBV Nucleic Acid Testing Algorithm,” March 4, 2010⁵
- (o) Joint Publication 4-02, “Health Service Support,” October 31, 2006
- (p) Chairman of the Joint Chiefs of Staff Manual 3122.03A, “Joint Operation Planning and Execution System, Volume II, Planning Formats, and Guidance, Appendix Q,” current edition

¹ Available for purchase online: <http://www.aabb.org/Pages/Marketplace.aspx>.

² Available online: <http://www.fema.gov/emergency/nrf/>.

³ Available online: http://www.militaryblood.dod.mil/Staff/ha_policy.aspx.

⁴ Available online: http://www.militaryblood.dod.mil/Staff/op_manuals.aspx.

⁵ Available online: <http://www.militaryblood.dod.mil/Staff/bpl.aspx>.

- (q) Blood Program Letter 10-05, “Armed Services Blood Program (ASBP) Frozen Blood Replacement Plan Update and New Frozen Blood Usage Requirements,” September 10, 2010⁵
- (r) DoD Instruction 3216.02, “Protection of Human Subjects and Adherence to Ethical Standards in DoD-Supported Research,” November 8, 2011
- (s) Blood Program Letter 05-02, “Armed Services Blood Program Operational Data Reporting System (ODRS),” June 24, 2005⁵
- (~~u~~) Blood Program Letter 10-03, “Policy for the Transportation, Storage, Processing, Distribution, and Reporting of Blood Products at the Armed Services Whole Blood Processing Laboratories,” May 24, 2010⁵
- (~~u~~) DoD Instruction 6025.13, “Medical Quality Assurance (MQA) and Clinical Quality Management in the Military Health System (MHS),” February 17, 2011
- (~~w~~v) Technical Manual 8-227-12/Navy Medical Publication-6530/AFH 44-152, “Technical Manual, Armed Services Blood Program, Joint Blood Program Handbook,” December 1, 2011⁴

ENCLOSURE 2

RESPONSIBILITIES

1. ASD(HA). The ASD(HA), under the authority, direction, and control of the Under Secretary of Defense for Personnel and Readiness, shall:

a. Develop military blood program policies.

b. Ensure that blood program requirements are appropriately reflected in the Defense Medical Programming Guidance and in the DoD budget.

c. Coordinate with the Assistant Secretary of Defense for Research and Engineering, and serve as Co-Chair of the Armed Services Biomedical Research, Evaluation, and Management (ASBREM) Committee in accordance with DoDD 6025.21E (Reference (j)), ensuring the development of DoD research program objectives relating to blood products align with the requirements of the geographic Combatant Commands.

d. Provide administrative guidance on:

(1) Planning and resource oversight of initiatives designed to implement automated data processing support to all ASBP elements.

(2) Civilian blood agencies' collection of blood on Military and Federal installations, Military leased facilities, and aboard ships to minimize the impact on the military blood program in meeting its readiness requirements, as outlined in ASD(HA) Memorandum (Reference (k)).

(3) Non-DoD civilian provisions for donating blood on Military and Federal installations, Military-leased facilities, and aboard ships, as outlined in Deputy Secretary of Defense Memorandum (Reference (l)).

e. Appoint the Director of the ASBPO, ~~following a recommendation from the Force Health Protection Integrating Council (FHPIC). The Director of the ASBPO will normally serve a 4-year tour based on nominations from the Military Services.~~

f. Oversee Director, ASBPO, in implementation of the procedures described in Enclosure 3 of this Instruction.

2. SECRETARIES OF THE MILITARY DEPARTMENTS. The Secretaries of the Military Departments shall:

a. Establish and maintain a blood program that provides blood and blood products, to the maximum extent possible, to DoD Component MTFs in peacetime, contingency, and wartime, in accordance with References (e) through (g).

b. Provide funds, facilities, a student officer contingent, and support personnel, as required, to maintain the Tri-Service Blood Bank Fellowship Program, the Armed Services Blood Donor Centers (BDCs), the ASWBPLs, blood product depots (BPDs), and the ASBPO.

c. Fund transportation of respective Service-collected and processed blood and blood products and incidental expenses associated with their delivery to the first continental United States (CONUS) destination.

d. Provide personnel for the ASWBPLs, in accordance with staffing requirements explained in TM 8-227-11/Navy Medical Publication-5123/Air Force Instruction 44-118 (Reference (m)) and to Armed Services Blood Bank Centers (ASBBCs), as required through Service memorandums of understanding.

e. Ensure BDCs meet or exceed the ASBP assigned weekly blood products quotas and provide those blood products to the ASWBPLs on a scheduled basis, as directed by the Service Blood Program Offices (SBPOs).

f. Maintain an FDA license or registration for Service blood collection and transfusion facilities. The license holder has the authority to communicate directly with the FDA on matters pertaining to licensed facilities.

g. Maintain a lookback program in accordance with Blood Program Letter (BPL) 10-01 (Reference (n)) that provides the capability to notify former blood recipients or donors that they may have received or donated infected blood or blood products. Appropriate counseling, testing, and treatment must be available for those who have received or donated infected blood or blood products.

h. Follow ASBP guidance and procedures as directed by the ASD(HA).

3. SECRETARY OF THE ARMY. The Secretary of the Army, in addition to the responsibilities in section 2 of this enclosure, shall:

a. As the DoD Executive Agent (DoD EA) for the ASBPO, as designated by Reference (d), provide to the ASBP:

(1) Those support personnel, facilities, and budgetary resources, as required.

(2) Funding for all blood and blood products purchased through activation of standby civilian contracts for blood and blood products.

(3) Assistance ~~coordinating with~~ the selection process for the Director, ASBPO, ~~and by~~ submitting *names of Military Service* nominees to the ASD(HA) ~~FHPIC~~.

b. Provide appropriate support personnel, facilities, and budgetary resources, as required, to support dedicated Army medical detachment blood support (MDBS) units, and Army BPDs.

c. Exercise the Army MDBSs and Army BPDs, as requested by the ASBPO, in coordination with the appropriate geographic Combatant Commander.

d. Coordinate with the Chairman of the Joint Chiefs of Staff and the ASBPO before closing, transferring, or deactivating an operational Army MDBS or Army BPD in accordance with this Instruction.

4. SECRETARY OF THE AIR FORCE. The Secretary of the Air Force, in addition to the responsibilities in section 2 of this enclosure, shall ensure that the Air Force, as the lead Service for the ASWBPLs and Expeditionary Blood Transshipment Centers (EBTCs) in accordance with Reference (m) and Joint Publication 4-02 (Reference (o)), shall:

a. Maintain at least two ASWBPLs in active status and at appropriate CONUS air terminals to process and ship blood products to CONUS and outside CONUS locations in support of geographic Combatant Command requirements, in coordination with the Chairman of the Joint Chiefs of Staff.

b. Provide the ASWBPLs and EBTCs the appropriate facilities and budgetary resources, as required.

c. Coordinate ~~the~~ joint staffing of the designated ASWBPLs by appropriate medical personnel of the Army, Navy, and Air Force, in accordance with staffing criteria outlined in Reference (m).

d. Exercise the ASWBPLs and EBTCs, as requested by the ASBPO in coordination with the appropriate geographic Combatant Commander.

e. Coordinate with the Chairman of the Joint Chiefs of Staff and the ASBPO before closing, transferring, or deactivating an operational ASWBPL in accordance with this Instruction.

f. Obtain concurrence of the respective geographic Combatant Commander or a designated representative before closing, deactivating, or transferring an EBTC.

5. SECRETARY OF THE NAVY. The Secretary of the Navy, in addition to the responsibilities in section 2 of this enclosure, shall:

a. Provide appropriate support personnel, facilities, and budgetary resources, as required, to support dedicated Navy BPDs.

b. Exercise the Navy BPDs, as requested by the ASBPO, in coordination with the appropriate geographic Combatant Commander.

c. Coordinate with the Chairman of the Joint Chiefs of Staff and the ASBPO before closing, transferring, or deactivating an operational Navy BPD in accordance with this Instruction.

6. CHAIRMAN OF THE JOINT CHIEFS OF STAFF. The Chairman of the Joint Chiefs of Staff shall:

a. Review and provide guidance to the geographic Combatant Commands on all matters of blood support in joint operations both for planning and execution, in accordance with Chairman of the Joint Chiefs of Staff Manual 3122.03A (Reference (p)).

b. Coordinate with and advise OSD, on behalf of the geographic Combatant Commanders, regarding the activation of the ASBP for contingency blood support.

7. GEOGRAPHIC COMBATANT COMMANDERS. The geographic Combatant Commanders shall:

a. Ensure ~~that~~ their respective DoD Component commands establish and maintain integrated blood programs for providing blood products to the medical elements within their area of responsibility.

b. Ensure ~~that~~ ASD(HA) blood program policies are followed and joint doctrine is used in accordance with Reference (o).

c. Appoint a Joint Blood Program Officer (JBPO) ~~authorized to coordinate with the ASBPO and manage as the single integrated medical logistics manager (SIMLM) for the geographic Combatant Commander's blood program. This officer ensures that blood products and blood services medical readiness requirements are identified and that DoD capabilities are adequate to meet those requirements as the single integrated medical logistics manager (SIMLM) that is authorized to manage, with assistance from the ASBPO, the geographic Combatant Commander's blood program.~~

d. Assist the ASBPO in implementing theater lookback policies and procedures.

e. Maintain a robust blood program throughout the area of responsibility, as demonstrated by operational readiness, involvement in exercises, and sponsoring Joint Blood Program Conferences.

f. Apply current casualty rates to forces at risk for each operational plan. Those numbers shall be used with the appropriate planning factors detailed in paragraph 5.c of Enclosure 3 of this Instruction to determine the blood product requirements ~~and are incorporated for inclusion~~ in the respective operational plans, as appropriate.

8. COMMANDER, U.S. TRANSPORTATION COMMAND. The Commander, U.S. Transportation Command, shall:

- a. Coordinate transportation of blood and blood products from the ASWBPLs to the geographic Combatant Command designated aerial port of debarkation.
- b. Provide sufficient airlift in the quantity and frequency to meet the blood product delivery requirements of the geographic Combatant Command.

ENCLOSURE 3

PROCEDURES

1. GENERAL PROVISIONS

- a. This enclosure provides the basic information on the operational procedures of the ASBP.
- b. Additional ASBP procedural information is in Reference (m).
- c. Each SBPO maintains one FDA license. All Service blood collection and transfusion facilities are FDA-licensed or registered through their designated SBPO (Army, Navy, and Air Force).
- d. Each SBPO maintains a comprehensive *Service-level blood* QA program, ~~using in accordance with~~ FDA cGMPs and regulations, ~~is maintained at the Service level~~. The QA program has responsibility for the overall quality of the finished product and the authority to control the processes that may affect this product.
- e. Each SBPO maintains oversight of civilian blood agency collections on Military installations in accordance with Reference (k).

2. BLOOD COLLECTION, DISTRIBUTION, STORAGE, AND TRANSFUSION

- a. Whole blood (WB) and apheresis products (e.g., red blood cells (RBCs)), plasma, and platelets (e.g., PLTs) are collected by ASBP BDCs and ASBBCs worldwide.
- b. All blood donations ~~must will~~ occur on ~~M~~military and ~~F~~federal installations, ~~M~~military-leased facilities, or aboard ships *afloat* in accordance with Reference (l).
- c. WB collected ~~is will usually be~~ manufactured into components (e.g., RBCs, fresh frozen plasma/plasma frozen within 24 hours (FFP/PF24), cryoprecipitate (CRYO), *and platelets*) ~~using cGMPs~~.
- d. Blood products collected or manufactured are generally distributed to:
 - (1) ASWBPLs in support of military or contingency operations.
 - (2) MTFs to support transfusion needs.
 - (3) Local government or civilian hospitals when excess products are available and specific needs are identified.

e. ASWBPL quotas are determined by the ASBPO and tasked to the SBPOs. Facility-specific quotas are assigned by the responsible SBPO.

f. Frozen blood products (e.g., frozen RBCs, FFP/PF24, CRYO) are pre-positioned at various locations worldwide including certain Navy ships in accordance with BPL 10-05 (Reference (q)).

3. ASBPO. The ASBPO shall:

a. Coordinate the day-to-day activities of the ASBP, in accordance with the policies developed by the ASD(HA) and the plans, programs, standards, and procedures established by the DoD, the Chairman of the Joint Chiefs of Staff, the Combatant Commands, and the Military Departments. As required, serve as the DoD direct liaison for coordination and policy recommendations with the organizations in subparagraphs 3.b.(1) through 3.b.(4).

b. Serve as a military point of contact for blood ~~bank program support~~ matters for ~~other Government and U.S. DoD, NATO, federal, and non-federal~~ civilian agencies ~~having an interest in blood products and related items~~, including but not limited to:

(1) The geographic Combatant Commands.

(2) The FDA's Center for Biologics *Evaluation and Research (CBER), and the FDA Blood Products Advisory Committee (BPAC)*.

(3) The Department of Health and Human Services Office of Emergency Preparedness, the National Disaster Medical System (*NDMS*), and the ~~Blood Safety Committee~~ *HHS Advisory Committee on Blood, Organ, and Tissue Safety and Availability (BOTS)*.

(4) *NATO's Medical Blood Advisory Team (MBAT)*.

(45) The Defense Logistics Agency (*DLA*) for activation of the contingency blood contracts, blood equipment, and supply procurement contracts.

(56) The Defense Medical Material Program Office on the development of essential characteristics of equipment, supplies, policies, and procedures associated with military blood ~~banking programs~~.

c. Be staffed by a minimum of three officers from the Medical Service Corps (Army and Navy) and Biomedical Sciences Corps (Air Force) in the grade of O-4 or above, *preferably* with a certification as a Specialist in Blood Banking (*SBB*), ~~preferred~~. One officer shall serve as the Director and the others as Deputy Directors.

(1) The position of Director shall be nominative, rotating sequentially among the Services on a 4-year cycle when there is a Service-qualified candidate, as determined by ASD(HA). Qualified candidates ~~at a minimum~~ should be ~~an~~ *in the minimum grade of O-5 or*,

with the grade of O-6 recommended, with having a diverse experience background in military blood bank programs and medical planning operations.

(2) All ASBPO members carry out their ASBPO assignments as their primary duty.

d. Receive and take appropriate action on military requirements for blood products that exceed Military Service resources.

e. Coordinate the preparation of written guidelines for policies to be used as minimum standards by the Military Services.

f. Coordinate the development of technical aspects of blood research programs, conveying requirements through the ASD(HA) to the ASBREM in accordance with DoDI 3216.02 (Reference (r)).

g. Collate DoD emergency and mobilization blood product requirements and ensure that plans are in place to meet those requirements.

h. Establish contingency blood product quotas to be maintained at the ASWBPLs and assign requirements to the Military Services to meet those quotas.

i. Coordinate with the Joint Staff and oversee the operations of the ASBP during contingencies.

j. Coordinate theater blood program issues with the geographic Combatant Commands through the Chairman of the Joint Chiefs of Staff, which includes:

(1) Operations plan and contingency plan blood support review, to include sourcing of blood requirements.

(2) Pre-positioning of frozen blood products to meet contingency theater blood product requirements.

(3) Direct liaison with allied blood programs.

k. Develop guidance used by the Military Services' facilities involved in the manufacture, storage, distribution, and transfusion of blood products. Such guidance is distributed as BPLs.

4. ASBP REPORTS. ASBP leaders use various reporting mechanisms to achieve total asset visibility requirements for continually monitoring the operational status efficiency and quality of blood collection and blood transfusion facilities worldwide. Common reporting mechanisms include:

a. ODRS. Blood collection and transfusion facilities input data on a monthly basis into ODRS. This data provides blood product collection, manufacturing, testing, shipping, and

inventory, as well as staffing, supply, and other operational data in accordance with BPL 05-02 (Reference (s)).

b. Contingency Blood Reports. Military Service operational units within a geographic Combatant Command shall report blood program operations during deployments, contingencies, or wartime. The units shall preferably use an information management system, or alternatively, U.S. message text formats, or ASPBPO/geographic Combatant Command JBPO-prescribed format, as appropriate.

c. ASWBPL Daily Inventory Report. Unless notified otherwise, each ASWBPL shall submit a Daily Inventory Report to ASBPO on Monday through Friday of each week, excluding holidays in accordance with BPL 10-03 (Reference (t)).

d. ASWBPL Weekly Compliance Report. The ASWBPLs shall submit, via the Air Force SBPO, the Weekly Compliance Report. This report provides information on quota compliance for each Service, amount of products received from civilian sources, age of blood, and frozen product breakage data in accordance with Reference (t).

e. Sentinel Events. Official reporting is through the respective Service Surgeon General's Office and Quality Management Offices, as defined in DoDI 6025.13 (Reference (u)). SBPOs shall also provide to the ASBPO an executive summary (EXSUM) of any sentinel event that involves serious injury or death. In addition, SBPOs shall also submit to ASBPO an EXSUM on all adverse events that are reported to the FDA. On behalf of ASD(HA) and in response to taskers, ASBPO will collaborate with SBPOs to coordinate responses within the Department of Defense and with other federal and civilian departments and agencies.

5. MOBILIZATION PLANNING. Based on geographic Combatant Command's medical planning factors (e.g., number of wounded in action, non-battle injury, and MTFs), the type and numbers of blood products that may be required ~~to support contingencies or wartime~~ will be determined using blood planning factors, ~~as~~ outlined in ~~TM, ASBP Technical Manual, Armed Services Blood Program~~, Joint Blood Program Handbook (Reference (v)).

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

AABB	American Association of Blood Banks (formerly known as)
ASBBC	Armed Services Blood Bank Center
ASBP	Armed Services Blood Program
ASBPO	Armed Services Blood Program Office
ASBREM	Armed Services Biomedical Research, Evaluation, and Management
ASD(HA)	Assistant Secretary of Defense for Health Affairs
ASWBPL	Armed Services Whole Blood Processing Laboratory
BDC	Blood Donor Center
BPD	blood product depot
BPL	Blood Program Letter
cGMPs	current good manufacturing practices, FDA
CRYO	cryoprecipitate
CONUS	continental United States
<i>DLA</i>	<i>Defense Logistics Agency</i>
DoDD	DoD Directive
DoDI	DoD Instruction
EA	Executive Agent
EBTC	Expeditionary Blood Transshipment Center
EXSUM	executive summary
FDA	Food and Drug Administration
FFP/PF24	fresh frozen plasma/plasma frozen within 24-hours
FHPIC	Force Health Protection Integrating Council
JBPO	Joint Blood Program Officer
MDBS	medical detachment blood support
MTF	medical treatment facility

ODRS	Operational Data Reporting System
PLT	Platelets
QA	quality assurance
RBCs	red blood cells
<i>SBB</i>	<i>Specialist in Blood Banking</i>
SBPOs	Service Blood Program Offices
SIMLM	single integrated medical logistics manager
TM	Technical Manual
WB	whole blood

PART II. DEFINITIONS

These terms and their definitions are for the purpose of this Instruction.

AABB. A civilian blood banking association (formerly known as the American Association of Blood Banks) that establishes international standards for blood banks. The AABB also publishes the “Standards for Blood Banks and Transfusion Services,” the “Technical Manual,” and the “Accreditation Manual.” Those publications have been adopted for use by the Military Services.

ASBP. The combined military blood programs of the ASBPO, the individual Military Services, and the geographic Combatant Commands in a single integrated blood products support system for peacetime, contingency, and wartime managed by the JBPO as the SIMLM.

ASBPO. A Tri-Service, joint field operating agency, with the Secretary of the Army as the DoD EA, responsible for coordination of the ASBP. Responsibilities include ensuring implementation of blood program policies established by the ASD(HA), and standardization of policies, procedures, and equipment. The ASBPO is overall DoD manager for blood and blood products (class VIII B), for the Chairman of the Joint Chiefs of Staff, during military contingencies and when directed by appropriate Governmental authorities for civilian relief efforts.

ASWBPL. A Tri-Service-staffed organization, with the Secretary of the Air Force as the lead Service, responsible for central receipt and confirmation of blood products from CONUS blood

banks and the further shipment of those products to designated geographic Combatant Command and other MTFs.

BDC. May be Service (Army, Navy, Air Force) or Tri-Service operated. Responsibilities include collection, processing, manufacturing, testing, and distribution of blood products. It may be collocated with a blood bank in an MTF.

Blood Product Planning Factors. Factors used in computing mobilization requirements for blood products (e.g., RBCs, FFP/PF24, PLTs, and CRYO).

BPD. A medical unit responsible for strategic storage of frozen blood products in a geographic Combatant Command. Frozen blood products are provided to each geographic Combatant Command Component based on JBPO instructions.

Center for Biologics Evaluation and Research. The FDA division responsible for establishing blood banking regulations and requirements ~~and~~ *g*Grants licenses *and approvals* to products complying with those standards. The Military Services comply with those standards and each Service Surgeon General holds a license for their *ir* respective Service's blood program.

Class VIII B. Logistics classification for blood and blood products.

EBTC. An Air Force-directed blood element that provides the capability to receive, store, inventory, and ship blood products. EBTCs are normally located at major airfields, with one or more EBTCs located in an area of responsibility.

JBPO. A Tri-Service-staffed office responsible as the Blood SIMLM for overall joint blood product management in a geographic Combatant Command theater of operations.

lookback. A process where a BDC notifies consignees of blood or blood components from donors subsequently found to have, or be at risk for, relevant transmissible diseases or identify products that should be recalled for problems in purity, potency and/or safety.

MTF. Any element or unit, including Naval vessels, in which patients are treated.

ODRS. A web-based reporting system used by ASBP facilities to document collection, manufacturing, testing, shipping, product inventory, staffing, supply and other operational data.

SBPO. A Service-staffed office responsible for coordination and management of that Service's blood program.