



BHAGWAN MAHAVEER CANCER HOSPITAL & RESEARCH CENTRE

(Managed by : K.G Kothari Memorial Trust)

Jawahar Lal Nehru Marg, Jaipur-302 017 INDIA

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Licence No. : Raj./2113

REQUEST FOR ISSUE/RESERVATION OF BLOOD

Please write the indications and parameters for selection of components compulsorily

Patient's Name		Reg. No.	Age
Name of the Hospital & Telephone No.		Ward	Date
		Bed No.	
Name of the Consultant & Telephone No.		Diagnosis	
		Hb Gm %	
		Platelet Count.	
COMPONENTS	UNITS	Clinical notes & Reasons for transfusion	
1. Whole blood / Packed cells (PC)		HISTORY OF PREVIOUS TRANSFUSION	
2. Single Donor Platelets by Pheresis (SDP)			
3. Random Donor Platelets (RDP)			
4. Fresh Frozen Plasma (FFP)/Plasma			
5. Cryoprecipitate (Factor - VIII, v WF and Fibrinogen)			
	Required	On Date	
		Time	

If the Patient's is a Woman : 1. (a) Has she ever been pregnant Yes/No. (b) Any Still-births or miscarriage Yes/No.
2. Her children (If any) Affected with Haemolytic disease of new born. Yes/No.

Name of Blood Donors (1) (2) (3)

DECLARATION FROM ATTENDING DOCTOR

I shall personally supervise the transfusion and shall check the blood bag for haemolysis, identification of the patient etc. before starting transfusion. Blood Bank shall not be responsible for any untoward transfusion reaction. Management of transfusion and transfusion reactions shall be the responsibilities of the undersigned. I have examined the Blood Donor and they are not professional Blood Donors & are fit for blood donation, on preliminary screening.

INSTRUCTIONS ON THE REVERSE HAVE BEEN NOTED BY ME

Signature Resident

Signature Unit Head/Consultant

FOR USE BY THE BLOOD BANK

Sample received

DATE : TIME :

PATIENT'S CELL

Anti-A	Anti-A1	Anti-B	Anti-AB	Anti-D	Blood Group	A-Cells	B-Cells	O-Cells	Pt-Cells	Blood Group
Date	Bag No.	Group	MAJOR CROSS MATCH			Min or Cross		Sign. Tech.		
			Saline R. T.	Coombs 37° C	Albumin 37° C	Match Saline R.T.				

BLOOD SANCTIONED

-REPLACEMENT
-PROMISE OF REPLACEMENT
-VBBO

ISSUE NO.

DATE & TIME

DONATION NO.

RECEIPT NO.

INCHARGE BLOOD-BANK

The term "Blood Bank" is not merely a metaphor. Just as one cannot draw money from a bank without a previous deposit, depletion of blood without replenishment would soon cause any blood bank to cease functioning. Therefore, it is earnestly requested that a special effort be made to recruit non remunerated voluntary replacement blood donors from amongst relations of the recipient. **Professional or paid replacement donors will not only to be rejected but are banned by the Hon'ble Supreme Court of India.**

Note: Delay in meeting the request is likely to occur unless all the queries in this form are satisfactorily answered. When transfusion is planned Blood may be got reserved in advance up to 72 hrs. The moment Fresh Blood is requested inconvenience starts to the patient's attendant. This is likely to cause inevitable delay as fresh Blood is rarely, readily available & the same is tested by rapid tests which are less sensitive & the responsibility shall be yours; this blood when reaches you is definition No more Fresh Blood.

-----**INSTRUCTION**-----

1. Replacement Donors/Voluntary donor card must accompany request form & service charge shall have to be paid.
2. Please take full medical history of Blood Donor.
3. Please check identity of the patient & label of the Blood sample.
4. Send 5 ml. blood in a plain, dry, sterile Test Tube with proper identity of the patient, specially name of patient & registration no. of the patient.
5. Please also send mother's blood sample for infants up to 3 month of age.
6. Brief clinical note must be given, emphasising the importance/urgency clearly.
7. Supply of blood for transfusion is subject to availability & priority of the recipients decided by the officers-in-charge, blood bank.
8. Cancellation or postponement of transfusions should be promptly intimated to be Blood-Bank in case of reserved Cross-Matched Blood.