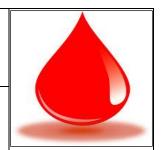


All India Institute of Medical Sciences, Rajkot

Department of Transfusion Medicine

BLOOD STORAGE UNIT License No. G/BSC/288 Blood Request Form



BG No.

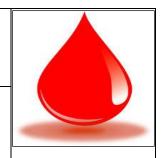
 Please take care to identify the patient. Please furnish all the details mentioned in Requisition form, otherwise it will not be accepted. Please label the blood sample mentioning Name indoor Reg. No., Ward & Name of Unit Doctor. Requisition form and sample with discrepancy are unacceptable. For exchange transfusion please send the mother's sample along with neonatal sample. 									
Date:			Time:						
Patient's Name:									
Indoor MRD No Ag	e Ye	ar	Months Se	ex: M / F					
Clinical Diagnosis									
Ward:l/C	Unit Dr								
Date & Name of operative procedure (if	applicable)								
1. Haemoglobingm% 2.	Platelet count	/Cumm 3.PT / PTTSec.							
4. BP: (SYS / DIA)/mn	nHg 5. Urine Outpu	t							
6. HIV:7.HBsAg:		8. HCV:							
Blood Group if Known									
Any previous Transfusion History: Yes / No Any reaction to transfusion; Yes / No									
Any previous pregnancy with HDN (If applicable)									
Type of Request:	Dem	and of WHOLI	E BLOOD and	PCV					
Only Blood Grouping		Туре	No						
Requirement of WHOLE		WHOLE BLOC	D						
BLOOD/PCV/FFP/PC		PCV							
a. Routine Date & Time :		FFP							
b. Planned Date &Time :		PLATELET CONCENTRAT	re						
c. Emergency Date &Time :		CONCENTRA	<u> </u>						
INDICATION FOR WHOLE BLOOD/PCV/FFP/PCTRANSFUSION									
Informed consent for Blood Transfusion has been taken with entry in the ward indoor case paper. I have completely filled up this requisition form and the blood sample is collected by me after verification of the patient's identity.									
Doctor's Name:	Sign:	Desig	ınation:						



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INSTRUCTION

- 1. Please read the copy of Blood Storage Unit rules, Provided to your unit.
- 2. Double-check the Name as the register No. of the patient, both on this form and also on the label affixed to the blood sample sent for testing.
- 3. Requests for planned transfusion are acceptable only between 9 A.M. to 3 P.M. on Weekdays and 9 AM.to12 noon on half working days the samples should be sent One day in advance. For urgent cases, samples are acceptable at any time.
- 4. Inform the Blood Storage Unit immediately, if the proposed transfusion is either cancelled or postponed.
- 5. A separate report of the Blood Grouping and Compatibility testing will be given which must be sent to the Blood Storage Unit, whenever Blood is needed for transfusion.
- 6. Blood Request forms will be dispatched by Blood Storage Unit at 10 A.M. & 4 P.M. on stipulated days.
- 7. For emergency demand of Blood, kindly arrange to collect Blood Group reporting form from Blood Storage Unit.
- 8. Please fill up new Blood Storage Unit Requisition form only after this form is completely filled up. If earlier form is lost inform the Blood Storage Unit.

Please do not take the patient for a Surgical Procedure (Operation) before confirmation of Blood units kept ready for the patient.											
(FOR USE OF BLOOD Storage Unit ONLY)											
Patient's Name:MRD. No											
Dr:					Ward:		<u>.</u>				
Blood Sample accepted byat _			a	m/ pm. BG N	о.						
BLOOD GROUPING REPORT											
ABO Group of Patient: Rh Group of Patient:											
Examined by: Name: Signature: Signature:											
		_	1								
Sr.	Date &	Donor Blood	Group	Type of Component	Method	Result of	Test Performed	Visual Inspection	Date & Time of		
No.	Time	Bag Number	of Donor	or whole Blood	of Cross matching	Cross matching	by Signature with Name	& Issue Done By	Issue		
<u>1</u>											
<u>2</u>											
<u>3</u>											
<u>4</u>											
<u>5</u>											
NAS-No Abnormality Seen Result of special test if performed:											
Date: Time:											