

INCOMPLETE BLOOD REQUISITION FORM WILL NOT BE ACCEPTED IN ANY CIRCUMSTANCES



પ્રતિ
રાજકોટ વૉલન્ટરી બ્લડ બેન્ક ઍન્ડ રીસર્ચ સેન્ટર
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વેબસાઇટ : www.999life.org ઈ-મેઇલ : savelifelife.org

To
Rajkot Voluntary Blood Bank & Research Centre
Pitroda House, Malaviya Road, Rajkot-360 002. Gujarat, India
Phone : (0281) 223 42 42, 222 44 61 Fax : (0281) 222 74 12
Website : www.999life.org E-mail : savelifelife.org



BLOOD REQUISITION FORM No.

PLEASE SEND BLOOD REQUISITION FORM COMPLETELY FILLED UP WITH PROPERLY LABELLED SAMPLES

NOTE : PLEASE FILL UP THE FORM IN CAPITAL LETTERS ONLY ખાસ નોંધ : આ ફોર્મ અંગ્રેજી કેપિટલ અક્ષરોમાં જ ભરવા વિનંતી છે.

A. Details of the patient

Patient's Name : Mr. / Miss / Mrs : _____ Adult Child Infant

Age : _____ Date of Birth : [][][][][][] Sex : [M] [F] Tel. Res. : _____ Mobile : _____

Address : _____

B. Details of the Hospital

Ward : [General] [Special] [ICU / ICCU] Bed No. : _____

Name & Address of the hospital : _____

Doctor-in-charge advising blood transfusion : Dr. _____

Phone No. of the Hospital / Doctor : _____ Doctor's mobile No. : _____

C. Details of Blood Requisition : [Please mention the volume in case of a child.]

Patient's Blood Group : _____ Category : [Rush] [Urgent] [Planned]

Please specify the **Positive / Negative** serological status of the patient : HIV _____, HBsAg _____, HCV _____.

CLINICAL DIAGNOSIS & REASON FOR TRANSFUSION :

	(RCC)	(RCC)	(RCC)	(FFP)	(Cryo. ppt)	(PC)	(WB)	(SDP)	(AbS&G)		
Name of the Product →	Red Cell Concentrate	Leuco-reduced RCC (Buffy-coat removed)	Leuco-reduced RCC (using labside Leucodepletion Filters)	Fresh Frozen Plasma	Cryo-precipitate	Platelet Concentrate (PC)	Whole Human Blood	Platelet Apheresis	Antibody screening & grouping (without cross-match)		
No. of Units required →											

Date of requirement :	[][][][][][][]
Time of requirement :	[][][][][][][]
Name of the Product required :	
No. of Units required :	

History of previous transfusion : _____ History of reaction, if any : Yes / No

Blood sample collected by : Name : _____ Blood sample labelled by : Name : _____

Signature : _____ Signature : _____

Date of sample collection : [][][][][][] Time of sample collection : [][] : [][]

To
Medical Director,
Rajkot Voluntary Blood Bank & Research Centre, Rajkot
I certify that the blood sample was personally collected and checked by me.
I also certify that informed consent about blood transfusion has been taken from the patient. We have also read **Instructions For Transfusionist** and we agree that we shall strictly follow the FDA guidelines.
Name of the Doctor : _____

Instructions

1. Before sending BRF, please do confirm availability of blood.
2. Alternative group can also be considered, if specific group is not available, subject to technical approval.
3. Samples = 3 ml. clotted blood (plain) and 3 ml. of anticoagu-lated blood (EDTA).
4. In case of infants of less than 6 months age mother's clotted blood sample as also full history is required.
5. Blood samples can be used for cross-match procedure till 48 hours; thereafter fresh samples are required.
6. For cross-match procedure nearly 90 minutes are required. Please extend co-operation in the interest & safety of the patient.

Signature (with stamp) of the Doctor & Hospital recommending blood transfusion

Rajkot Voluntary Blood Bank & Research Centre

We Are Not For Profit : Charitable Trust • આ બ્લડ બેન્ક ૨૪ કલાક ખુલી રહે છે.

FOR THE USE OF BLOOD BANK ONLY

(Please fill up all the columns)

For Barcode Only

PATIENT'S DETAILS

1. Registration No. _____ Date :

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 Time :

--	--	--

2. Age :

--

 Years Date of Birth :

--	--	--	--

 3. Blood Group : _____

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 Months
(in case of a child)

--

 Days
(in case of a child)

Sign. _____

Receipt No.	Date	Amount in Rs.	Sign. of PRO collecting amount

4. Cell-grouping :

Anti-A	Anti-B	Anti-AB	Anti-D	Group	Signature

5. Serum-grouping :

A Cells	B Cells	O Cells Saline	O Cells Bovine Albumin	Group	Signature

6. Result of Antibody screening (if done) : _____

7. Compatibility

Sr. No.	Date	Comp. code	Unit No.	Group	Major Saline	Major ALB	Major Bovine	Minor Saline	Cross-matched by	Checked by	CC No.	Date of issue	Time of issue	Issued by
1														
2														
3														
4														
5														
6														
7														
8														

Remarks :

Lab Technician

Chief Lab Technician

Blood Bank Officer

Jt. Medical Director

Medical Director