

Rotary & Blood Bank Society Resource Centre

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BLOOD REQUISITION FORM

NAME OF THE HOSPITAL
ADDRESS & PHONE NO.....

PATIENTS RECORD	NAME OF THE PATIENT.....	AGE.....	SEX.....	
	CR NO.....	WARD.....	BED NO.....	BLOOD GROUP.....
	PERMANENT ADDRESS.....			
	CLINICAL DIAGNOSIS.....			
	HB.....	PTI.....	PTTK.....	PLATELET COUNT.....
	INDICATION OF TRANSFUSION.....			
	WHOLE BLOOD/PACKED RBC/FFP/PLATELET CONCENTRATE.....			
	NO. OF UNITS REQUIRED.....			
	TYPE OF REQUEST ROUTINE/URGENT/IMMEDIATE.....			
	EXCHANGE TRANSFUSION.....			
	HISTORY OF PREVIOUS TRANSFUSION.....			
	REACTION IF ANY.....			
	HISTORY OF ALLERGY.....			
	<u>IN CASE OF FEMALE</u>			
	NO. OF PREVIOUS PREGNANCIES.....		STILL BIRTH/MISCARRIAGE.....	
HISTORY OF HAEMOLYTIC DISEASE OF THE NEW BORN.....				

SPECIMEN COLLECTED AND LABELLED BY.....
DATE.....TIME.....SIGNATURE.....

NAME & SIGNATURE OF DOCTOR INCHARGE

HOSPITAL STAMP

FOR USE OF BLOOD BANK ONLY	PAYMENT RECORD:	RECEIPT NO.	DATE.....	AMOUNT.....
	COMPATIBLE WITH :	DONOR NO.		
	BLOOD GROUP	TYPE OF CROSS MATCH AHG / SALINE.....		
	BLOOD RECEIVED BY.....	RESERVED <input type="checkbox"/>	CANCELLED <input type="checkbox"/>	
	BTO	TECHNOLOGIST		

INSTRUCTIONS :

- PLEASE SEND 2ML BLOOD IN EDTA VIAL & 3-5 ML BLOOD IN PLAIN VIAL PROPERLY LABELLED WITH ALL THE DETAILS OF THE PATIENT. (NAME/CR NO./HOSPITAL ETC.)
- MOTHER'S BLOOD SAMPLE MUST BE SENT ALONG WITH CHILD'S SAMPLE FOR BLOOD REQUEST FOR A NEWBORN.
- BLOOD ONCE ISSUED WILL NOT BE TAKEN BACK.
- CROSS MATCHED BLOOD WILL BE KEPT RESERVE FOR 72 HRS ONLY.
- PLEASE FILL ALL THE COLOUMNS PROPERLY TO AVOID DELAY.
- BLOOD MUST BE USED AS SOON AS RECEIVED.
- DO NOT HEAT / WARM THE BLOOD. DO NOT ADD ANY MEDICINE TO THE BLOOD.

ENCOURAGE VOLUNTARY BLOOD DONATION

CONSENT TO RECEIVE BLOOD TRANSFUSION

I understand that although the blood/components to be transfused to me/my patient _____ has/have been tested in accordance with the strict guidelines laid down by the Drug Controller of India, there are possible risks involved with blood transfusion including, but not limited to, transfusion of infectious hepatitis, Acquired Immuno Deficiency Syndrome (AIDS), or certain other diseases, unexpected blood reactions, such as immunization or allergic reactions. Although the transfusion reactions can be treated successfully, on very rare occasion they may be fatal. No transfusion can be considered to be the ideal/safest transfusion. Patient's attending clinician(s) is/are advised to be judicious in their assessment for demanding blood/blood components & to limit the use of the same to dire emergencies or as emergency life saving measures only.

The above has been explained to me in the language I understand well.

I hereby give consent for administering blood / components to myself/my patient.

Signature
(Patient/Relative/Authorized Attendant)

Date