



# APEX SWASTHYA KALYAN BLOOD BANK

Apex Hospital Pvt. Ltd., G-139/C, Second Floor  
 Malviya Industrial Area, Malviya Nagar, Jaipur-302017  
 Phone : 0141-2751870, 2751871-73 • Ext. 361  
 E-mail : apexskbloodbank@gmail.com

**Quality Control-Requisition and Sample**

Patient (if conscious) confirms to his and father's name.  
 If unconscious Relatives(s) Staff confirm the identity.  
 The Identity, Reg. No. checks with the medical records and same is written on the requisition form.  
 Requisition form is properly and completely filled.  
 Sample tube carries the patient's name, Reg. No. ward.  
 These match with the medical records.  
 Phlebotomist has signed the sample tube.

Signature \_\_\_\_\_

Patient's Name (Block Letter)		Reg. No.		Age	
Name of the Hospital & Telephone No.		Ward	Date	Sex	
		Bed No.		Hb Gm.%	
Name of the Consultant & Telephone No.			Diagnosis		
1. Packed RBC	Units Issue on date	I	II	III	IV
Clinical notes & reasons for transfusion					
2. Whole Blood	Units Issue on date	I	II	III	IV
Blood group of the patient done in hospital					
3. Single Donor Platelet by APHERESIS			No. of Units		History of previous transfusion
4. Random Donor Platelet			No. of Units		Units I II III IV Blood bag no. PC/WB/SDP/RDP/FFP Blood Group Blood Bank
5. Fresh Frozen Plasma			No. of Units		Date of transfusion Reaction if any

कृपया ब्लड सैम्पल EDTA व Plain Screw Capped ट्यूब दोनों में ही भेजना आवश्यक है अन्य किसी में सैम्पल स्वीकार नहीं होगा। ब्लड बैंक से बाहर ले जाया गया रक्त किसी भी परिस्थिति में वापस नहीं लिया जायेगा। एक बार में एक ही रक्त यूनिट मंगवाये।

If the Patient 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 if 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. I have taken informed consent from Patient/Patient's attendant. Blood Bank shall not be responsible for any untoward transfusion reaction, management of transfusion and transfusion reactions shall be the responsibility of the undersigned. I have examined the Blood Donor, and they are not professional/Paid Blood Donor & fit for blood donation, on preliminary screening.

**INSTRUCTIONS ON THE REVERSE HAVE BEEN NOTED BY ME**  
 Informed Consent From Patient's Attendent ..... Has Been Taken & kept in the record.  
 (name)

(For use by the Blood Bank only) Doctor's Signature with a seal of the Hospital  
 Sample Received at Signature of Person receiving the sample at the B.B.  
 DATE : TIME :

PATIENT'S CELL					PATIENT'S SERUM					
Anti-A	Anti-A1	Anti-B	Anti-AB	Anti-D	Blood Group	A-Cells	B-Cells	O-Cells	Pt-Cells	Blood Group

Date of Cross Match	Bag No.	Type of Component	ABO Group & Rh Type	MAJOR CROSS MATCH		Minor Cross Match Saline R.T.	Name in own h/w by the technologist conducting X-Match	Blood Bag Tube No.
				Saline	Coombs/Gel			

Issue No. : ..... Date : .....  
 Time : ..... Receipt No. : .....  
Signature of ISSUING OFFICER





## एपेक्स स्वास्थ्य कल्याण ब्लड बैंक

एपेक्स हॉस्पिटल प्रा.लि., जी-139/सी, द्वितीय तल,  
मालवीय नगर इंडस्ट्रीयल एरिया, मालवीय नगर, जयपुर-302017

### Request for Issue/Reservation of Blood/Blood Components

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 be rejected but they are banned by the Supreme Court of India.**

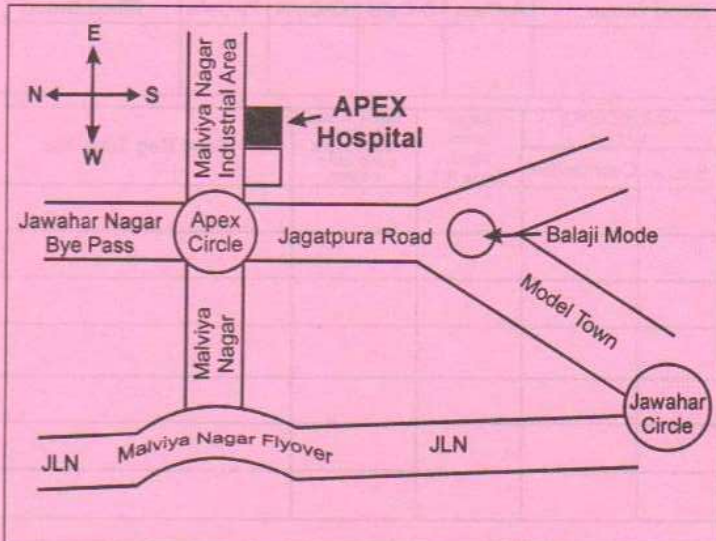
#### INSTRUCTIONS

1. Replacement Donors/voluntary donor card must accompany request form, service charge shall have to be paid by each one.
2. Please take full medical history of Blood Donor.
3. Send 5 ml. blood in a plain, dry, sterile Test Tube with proper identity of the patient, specially the Patients name & Registration number and keep 2 C.C. with you for checking at your end.
4. Please check identity of the patient & label of the blood sample before sending.
5. Please also send mother's blood sample for infants upto 3 month of age.
6. Brief clinical notes must be given, emphasising the importance/urgency clearly.
7. Supply of blood for transfusion is subject to the availability & priority of the recipients, decided by the officers-in-charge, blood bank.

**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 upto 72 hrs.

#### मरीज के परिजनों हेतु सूचना :

माननीय उच्चतम न्यायालय भारत के द्वारा निर्देशित-मानव रक्त कभी बेचा नहीं जा सकता। रक्त की जांच एवं प्रोसेसिंग का शुल्क लिया जाता है जिसकी रसीद ब्लड बैंक से अवश्य लेवें। ब्लड बैंक परिसर या ब्लड बैंक के बाहर/अस्पताल या अन्य स्थान पर किसी को भी रक्त के लिये पैसे ना देवें। रक्त को खरीदना व बेचना कानूनी जुर्म है जिसके लिये कानूनी सजा का प्रावधान है।



#### अग्रसेन ब्लड बैंक

महाराजा अग्रसेन हॉस्पिटल, सेन्ट्रल स्पाईन,  
सेक्टर 7, विद्याधर नगर, जयपुर  
फोन : 0141-2335569

#### स्वास्थ्य कल्याण ब्लड बैंक

125, मिलाप नगर, टॉक रोड, जयपुर  
फोन : 0141-2721771, 2545293

#### सेवायतन स्वास्थ्य कल्याण ब्लड बैंक

सेवायतन हॉस्पिटल, अजमेर रोड, सोडाला, जयपुर  
फोन : 0141-2220290