



Family Wellness Hospital

Jutha Aam More, Giridih Road, Bharkatta, Saranda, Jharkhand - 825324
Familywellnesshospital@gmail.com
www.Familywellnesshospital
(+91) 9892772233

REQUSITION FOR SUPPLY OF BLOOD/BLOOD COMPONENTS

TO,
BLOOD CENTRE

SI. NO. ROUTINE EMERGENCY

Name of the Patient:

Hospital Name: Age Sex Ward No

Op/IP No./ Registration No. Bed No

Blood Group Rh Hemoglobin gmsdl

Name of Medical Officer-in-charge / Treating Doctor

Contact no. of the treat doctor

Diagnosis

Weather Blood Transfused earlier: Yes/No

If Yes, any aadverse transfusion reaction ? Yes/No

Obstetrical history

(For female Patient's)Nature of blood Transfusion (please put a mark)

WHOLE BLOOD	PACKED CELL	PLATELET CONCENTRATE	FRESH FROZEN PLASMA	FACTORY VILL CRYOPRECIPITATE

No of unit required

Platelet Count (in case of demand for platelet concentrate)

Date of Transfusion

Time of Transfusion

Signature of Phlebotomist:

Name

Signature of Medical officer

Name

MCI Registration no:

FOR BLOOD CENTRE USE ONLY

Blood Requisition from Received by Date & Time

Blood Group Patient

FORWARD BLOOD GROUPING

REVERSE GROUPING

A	A1	B	AB	D	Rh			ABO &Rh	A	B	O	Final Serum/ Plasma Grouping
					D (Igm)	D (IgC)	Weak D D					

Please Note: Send the Patient's Sample (2cc Clotted + EDTA blood) for Cross -Matching, Labeled with Name, Age, IP/OP No./ Registration NO., Hospital Name with Signature of the Phebotomist on Sample Vial.

UNLABELLED BLOOD SAMPLES WILL NOT BE ACCEPTED