

BLOOD TRANSFUSION SERVICE

Donor Id:

Care to Cure

Donor Registration Form

- Any person between 18-65 yrs age and over 45 kg weight can donate blood once 3 months.

- Different blood components will be prepared from the blood donated in order to benefit 2 or more patients.
 Rarely, giddiness, Pain & bruise on the arm, etc. can occur, which will be attended to by the Blood center staff.
 Please read the "Post Donation Advice" given to you.

First Name *	Sangita	Date of Birth *	05/23/1998				
Surname	Thapa	Sex	Male Female				
Contact Address	kapan	Mobile Tel (Res)	9841246789				
Email ID *		Tel (Off)					
Have you donated blood before? Yes No If so, How many times? When did you last donate? Did you have discomfort or post donation reaction during previous blood donation? Yes No							
Your blood will be teste patient. Confidentiality		ilis, Malaria and other tests required t	o ensure that the blood will no	ot harm the			
INFORMED CONSENT							

If yes, how? Mob 1	el(Res) 🗆 Tel(Off)	□ Email			
ignature of Donor			Date:		
	Madi	cal Examination and Blood Collection	n (for Staff Lice)		
Camp Code	Donor Type	Weight in Kg	HB>12qm/dl	Temp (°C)	
Camp code	Donor Type	weight in Ng	FIB>12giriyai	Temp (C)	
BP (mm of Hg)	Pulse (/min)	Blood Group	Signature of Conselor		
		A+			
Phelbotomy site free fro	om skin diseases, Pun	ctures and scars Yes / No			
Donor is in good physical and mental health and fit to donate blood if deferred, reason and period of deferral				Signature of MO	
Bag Type	Tube Id	Collection Time < 10min	Time of collection	Signature of Phlebotomist	
S/D/T/O/A		Yes / No			

I have understood the pre donation information. I understand as a medical procedure, there can be risks associated with donating blood. I have answered the questionnaire honestly. I volunteer to donate blood.

Yes No

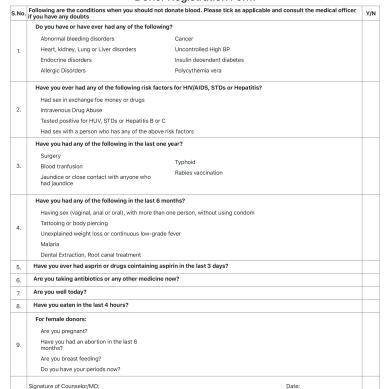
Do you wish to be informed about any positive test results?

S

GRANDE INTERNATIONAL HOSPITAL DHAPASI, KATHMANDU

Care to Cure **BLOOD TRANSFUSION SERVICE**

Donor Registration Form



Digital Partner

