



## REQUISITION FOR BLOOD &amp; BLOOD COMPONENTS

## FOR HOSPITAL USE

Surname

First Name

Middle Name

URGENT / REGULAR

A) Patient's Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

B) Address \_\_\_\_\_ Tel.No. \_\_\_\_\_

Relative Name : \_\_\_\_\_ Ph.No. : \_\_\_\_\_

KINDLY IDENTIFY THE PATIENT PROPERLY, TAKE HIS/HER SAMPLE &amp; LABEL PROPERLY, MOST FATAL REACTIONS ARE DUE TO SAMPLING / LABELLING ERRORS.

C) Hospital \_\_\_\_\_ Room/Ward \_\_\_\_\_

D) Doctor/Consultant \_\_\_\_\_ Telephone No. \_\_\_\_\_

E) Diagnosis \_\_\_\_\_ Indication for Transfusion - \_\_\_\_\_

F) Patient's Hb% \_\_\_\_\_ Urine Alb \_\_\_\_\_ other relevant investigations \_\_\_\_\_

G) H/o Previous Transfusions : 1) No. 2) Date/Month 3) Reaction if any

H) H/o Previous Pregnancies : 1) No. 2) Abortions 3) HDN in Child

## Informed Consent Of Patient

I am hereby giving consent to be transfused with blood or blood component as required. I have been explained the risks and alternatives of transfusion.

Dt.: / /20

Name &amp; sign of patient/ Relative \_\_\_\_\_

Relation with patient \_\_\_\_\_

## I) Quantity of Blood Component Required

| Name of Component/Whole Blood                                                          | Quantity (No. of Units) | Date of requirement | Time of requirement |
|----------------------------------------------------------------------------------------|-------------------------|---------------------|---------------------|
| 1. <input checked="" type="checkbox"/> Packed Red Cells (Approx 250ml)                 |                         |                     |                     |
| 2. <input checked="" type="checkbox"/> F.F.P. (Approx 150 ml)                          |                         |                     |                     |
| 3. <input checked="" type="checkbox"/> Platelet Concentrate (Approx 50ml)              |                         |                     |                     |
| 4. <input checked="" type="checkbox"/> Single Donor Platelet (S.D.P) (Approx 250 ml)   |                         |                     |                     |
| 5. <input checked="" type="checkbox"/> Cryoprecipitate (Approx 20 ml)                  |                         |                     |                     |
| 6. <input checked="" type="checkbox"/> Whole Human Blood (Approx 350 ml)               |                         |                     |                     |
| 7. <input checked="" type="checkbox"/> Whole Human Blood Paediatric Bag (Approl 100ml) |                         |                     |                     |

To Drastically minimise risk of Transfusion Transmitted infections (HIV, Hepatitis B & C)  
I recommend NAT tested blood & components Yes.  No.

J) Name of the Technician / Doctor / Phlebotomist who has taken the sample \_\_\_\_\_  
(रुग्णाचा रक्ताचा नमुना कळणाऱ्याचे नाव)

K) Patient's Blood Group \_\_\_\_\_

Signature & Seal of  
Doctor Incharge or  
M. O. I/C

L) I hereby agree to abide by the rules printed overleaf

Date : / /20 Time : Am./Pm.

Note : Please confirm, the Name &amp; Regn. No. on the form &amp; Sample.

संपूर्ण फॉर्म भरणे अत्यावश्यक आहे.

|       |  |                      |                       |
|-------|--|----------------------|-----------------------|
| Book  |  | FOR BLOOD CENTRE USE | Patient's Blood Group |
| Issue |  |                      |                       |

1) Patient's First Name

Middle Name

Surname

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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2) Sample received on dt. &amp; Time \_\_\_\_\_ S.W.Sign \_\_\_\_\_

| No. | Unit No. | Type of Component | Blood Group | Crossmatch     |                  | TECH | B.T.O. | Unit Issued |          |      |      |  |  |
|-----|----------|-------------------|-------------|----------------|------------------|------|--------|-------------|----------|------|------|--|--|
|     |          |                   |             | MAJOR          |                  |      |        | Blood Group | Unit No. | Date | Time |  |  |
|     |          |                   |             | I <sub>g</sub> | I <sub>g</sub> M |      |        |             |          |      |      |  |  |
| 1.  |          |                   |             |                |                  |      |        |             |          |      |      |  |  |
| 2.  |          |                   |             |                |                  |      |        |             |          |      |      |  |  |
| 3.  |          |                   |             |                |                  |      |        |             |          |      |      |  |  |
| 4.  |          |                   |             |                |                  |      |        |             |          |      |      |  |  |
| 5.  |          |                   |             |                |                  |      |        |             |          |      |      |  |  |
| 6.  |          |                   |             |                |                  |      |        |             |          |      |      |  |  |