Partnership Agreement Terms and Conditions for Blood Camps and Blood Donation Activities

This Agreement ("Agreement") is entered into by and between \_\_\_\_\_\_\_\_\_\_, located at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereinafter referred to as the "Hospital," and BloodCare blood bank located at No 33/4, Rodrigo Rd, Avissawella, hereinafter referred to as the "Blood Bank."

1. PURPOSE OF PARTNERSHIP:

The purpose of this partnership is to organize and conduct blood donation camps, collect blood donations from voluntary donors, and facilitate the exchange of blood units between the Hospital and the Blood Bank.

2. RESPONSIBILITIES OF THE HOSPITAL:

a. Organize and host blood donation camps at the Hospital premises or other agreed-upon locations.

b. Promote and advertise blood donation events to encourage voluntary participation from the community.

c. Ensure a safe and hygienic environment for blood donation activities.

d. Provide necessary facilities, equipment, and personnel for the successful conduct of blood camps.

3. RESPONSIBILITIES OF THE BLOOD BANK:

a. Supply the necessary quantity of blood collection equipment, including but not limited to, bags, needles, and tubes.

b. Ensure the presence of qualified medical personnel for the collection of blood donations.

c. Screen, test, and process collected blood units in accordance with regulatory standards.

d. Maintain an adequate inventory of blood and blood products for emergency requests from the Hospital.

4. BLOOD COLLECTION AND PROCESSING:

a. All blood collection activities shall adhere to the standards set forth by relevant health authorities.

b. The Blood Bank shall be responsible for conducting necessary tests and screenings on collected blood units.

c. Both parties shall maintain confidentiality and privacy of donor information in compliance with applicable laws.

5. BLOOD REQUESTS:

a. The Hospital may request blood and blood products from the Blood Bank based on the patient's medical needs.

b. The Blood Bank agrees to prioritize and fulfill valid requests promptly and efficiently.

6. DURATION OF PARTNERSHIP:

This partnership agreement shall commence on [Effective Date] and shall remain in effect for a period of [Initial Term]. Either party may terminate this agreement with [Notice Period] written notice.

7. INDEMNIFICATION:

Each party agrees to indemnify and hold the other party harmless from any claims, liabilities, damages, or expenses arising out of their respective actions or omissions under this agreement.

8. GOVERNING LAW:

This agreement shall be governed by and construed in accordance with the laws of [Jurisdiction].

9. MISCELLANEOUS:

a. Amendments to this agreement must be in writing and signed by both parties.

b. This agreement represents the entire understanding between the parties and supersedes any prior agreements or understandings.

IN WITNESS WHEREOF, the parties hereto have executed this Partnership Agreement as of the Effective Date.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_



\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

BloodCare,  
Avissawella