

<div>TARUN MITRA MANDAL</div> <div>8/33, Meghchhaya, Sri Saibaba. Marg, Lalbaug.</div> <div>Munibai - 400 012</div> <div>Procedure for obtaining blood from the blood bank issuing this Card</div> <div>1 Submission of this donor card.</div> <div>2. Authority letter included in this card signed by the donor.</div> <div>3. Doctor's letter on the hospital letterhead giving details of the patient's name and indication of blood transfusion</div> <div>4. In case of public hospital the request should come from the hospital blood bank.</div> <div>5. For carrying a blood bag always use a thermos or a special plastic bags filled with ice.</div> <div>This card should be preserved carefully, Any change of the address should be notified at once.</div> <div>Blood As Been Issued against the Donor Credit</div> <div>Sign of M.S.W. _____</div> <div>Name of the Blood Bank KEM BLOOD BANK DEPT</div> <div>Date : 04/10/2015</div> <div>Donor ID : V20456</div> <div>Name of the Donor : VIRA VIKAS</div> <div>Place of the Donation : SHRI K.V.O.S MAHAJANWADI</div>	<div>State Blood Transfusion Council</div> <div>Government of Maharashtra</div> <div>This card entitles a donor to get a bag of blood for himself/herself and the donor's immediate family members (Father, Mother, Spouse, Children and Minor Brother, Sister.) either from the member blood bank of the hospital where patient is admitted or the blood bank issuing this card, Subject to availability of blood,</div> <div>Date</div> <div>I Hereby authorise</div> <div>Patient's Name _____</div> <div>_____</div> <div>admitted in _____</div> <div>Hospital to use my Credit Card.</div> <div>Donor's Sign _____</div> <div>Donors are requested not to use their Credit Cards indiscriminately as this dissuades Patient's healthy relatives from donating Blood.</div> <div>THANK YOU</div> <div>For saving Lives</div>	<div>State Blood Transfusion Council</div> <div>Government of Maharashtra</div> <div>Blood Group (Cells & Serum tested)</div> <div>Date: 04/10/2015</div> <div>Blood Group: O+</div> <div>Name : VIRA VIKAS SHASHIKANT</div> <div>Add : 1/30, POONAWALA CRAWL, G. K M LOWER PAREL, BOMBAY. MUMBAI 400013</div> <div>DONOR'S SIGNATURE _____</div> <div>This is to Certify that</div> <div>VIRA VIKAS (V00287)</div> <div>donated blood for the benefit of needy patients in the Blood Donation Drive organised by TARUN MITRA MANDAL on 04/10/2015</div> <div>Blood Donations made till date : 47</div> <div>Regn/Bottle No</div> <div>26455</div> <div>Medical Officer Blood Bank</div> <div>CHECK GROUP BEFORE TRANSFUSION</div> <div>_____</div> <div>Card Sponsored By</div> <div>GADA & HARIA FINANCIAL PLANNERS</div>
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<div>DONOR RECORD CARD</div> <div>(For Blood Bank's Records)</div> <div>Blood Group : O+ Donor ID : V00287</div> <div>Blood Bank Regn No. /Bottle No. : 26455</div> <div>Age : 37 Sex : Male</div> <div>Name : VIRA VIKAS SHASHIKANT</div> <div>1/30, POONAWALA CRAWL, G. K M LOWER PAREL,</div> <div>Add : BOMBAY. MUMBAI 400013</div> <div>Phone No : 24784123 (off) :</div> <div>Mobile 87160134923 Weight:(in Kgs) 69</div> <div>At the call of humanity, I am willing to donate my blood ' voluntarily in the BLOOD DONATION DRIVE organised by TARUN MITRA MANDAL.</div> <div>To the best of my knowledge I am in a good state of health and eligible for blood donation, I believe that the blood will be tested as per FDA requirements before the needy patient receives the same. However, as a precaution I have truthfully answered the questionnaire put to me by the Blood Bank officials before the blood donation.</div> <div>I hereby content to donate my blood voluntarily.</div> <div>Date : 04/10/2015</div> <div>Signature of Blood Donor</div> <div><table><tr><td>S. No.</td><td></td></tr><tr><td>Date</td><td></td></tr><tr><td>Bag No.</td><td></td></tr><tr><td>Bag Type</td><td></td></tr><tr><td>Blood Volume (ml)</td><td></td></tr><tr><td>Temprature (degrees) F</td><td></td></tr><tr><td>Pulse/min</td><td></td></tr><tr><td>B.P.</td><td></td></tr><tr><td>(mm Hg.)</td><td></td></tr><tr><td>Haemoglobin > 12.5 gm %</td><td></td></tr><tr><td>Others</td><td></td></tr><tr><td>Donor reaction</td><td></td></tr><tr><td>Whether rejected and reasons thereof</td><td></td></tr><tr><td>Signature of Med. Off.</td><td></td></tr><tr><td>Signature of Donor</td><td></td></tr></table></div>	S. No.		Date		Bag No.		Bag Type		Blood Volume (ml)		Temprature (degrees) F		Pulse/min		B.P.		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Signature of Donor		<div>Date</div> <div>04/10/2015</div> <div>BLOOD DONOR QUESTIONNAIRE</div> <div>The purpose of this questionnaire is to protect Both and the who receives blood</div> <div>Bottle No.</div> <div>26455</div> <div><table><tr><th>History of</th><th>Yes, when</th><th>No</th><th>History of</th><th>Yes, when</th><th>No</th></tr><tr><td>Jaundice</td><td></td><td></td><td>Cold/Cough</td><td></td><td></td></tr><tr><td>Malaria</td><td></td><td></td><td>Cancer</td><td></td><td></td></tr><tr><td>Alcohol/intake frequency</td><td></td><td></td><td>Convulsions/Fainting</td><td></td><td></td></tr><tr><td></td><td></td><td></td><td>Diabetes</td><td></td><td></td></tr><tr><td>Surgery</td><td></td><td></td><td>Fever</td><td></td><td></td></tr><tr><td>Accident</td><td></td><td></td><td>High Blood Pressure</td><td></td><td></td></tr><tr><td>Transfusion of blood/Blood products</td><td></td><td></td><td>Heart/Lung Diseases</td><td></td><td></td></tr><tr><td>Accupunture</td><td></td><td></td><td>Leprosy</td><td></td><td></td></tr><tr><td>Drug Abuse Tacto</td><td></td><td></td><td>Liver/Kidney Disease</td><td></td><td></td></tr><tr><td>Ear-piercing</td><td></td><td></td><td>Measles/Mumps</td><td></td><td></td></tr><tr><td>Taking medicines(specify)</td><td></td><td></td><td>Chicken Pox</td><td></td><td></td></tr><tr><td>Vaccination (specify)</td><td></td><td></td><td>Typhoid</td><td></td><td></td></tr><tr><td>Unexplained weight loss</td><td></td><td></td><td>Tuberculosis</td><td></td><td></td></tr><tr><td>Chronic Diarrhea</td><td></td><td></td><td>Syphills</td><td></td><td></td></tr><tr><td>Swollen lymph glands</td><td></td><td></td><td>Skin Disease</td><td></td><td></td></tr><tr><td>Allergy</td><td></td><td></td><td>Being refused as a blood donor</td><td></td><td></td></tr><tr><td>Asthama</td><td></td><td></td><td>Discomfort during last donation</td><td></td><td></td></tr><tr><td>Bleeding Tendency</td><td></td><td></td><td>Virus that causes AIDS</td><td></td><td></td></tr></table></div> <div>FOR FEMALES :</div> <div><table><tr><th>Are you in period</th><th>Yes, when</th><th>No</th><th>Are you Pregnant</th><th>Yes, when</th><th>No</th></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table></div> <div>I give my consent to test my blood for NEVI & 2,Syphilis,Hepatitis B & C, Malaria and any other required test in any manner,decmed appropriate by the blood bank for my Safty and that of receiptent.</div> <div>I have understood all the questions mentioned above and answered best of my knowledge.</div> <div>Sign of Donor</div>	History of	Yes, when	No	History of	Yes, when	No	Jaundice			Cold/Cough			Malaria			Cancer			Alcohol/intake frequency			Convulsions/Fainting						Diabetes			Surgery			Fever			Accident			High Blood Pressure			Transfusion of blood/Blood products			Heart/Lung Diseases			Accupunture			Leprosy			Drug Abuse Tacto			Liver/Kidney Disease			Ear-piercing			Measles/Mumps			Taking medicines(specify)			Chicken Pox			Vaccination (specify)			Typhoid			Unexplained weight loss			Tuberculosis			Chronic Diarrhea			Syphills			Swollen lymph glands			Skin Disease			Allergy			Being refused as a blood donor			Asthama			Discomfort during last donation			Bleeding Tendency			Virus that causes AIDS			Are you in period	Yes, when	No	Are you Pregnant	Yes, when	No						
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