



# LIONS BLOOD BANK

(Regional Blood Transfusion Centre (North - West))  
Recognized by : State Blood Transfusion Council, Govt. of NCT of DELHI, Licence No. 1899

LBB/DOC/IH/001



## 100% VOLUNTARY BLOOD DONATION

AK-100, Shalimar Bagh, Delhi-110 088

Tel. No.: 011-47122000 (100 Lines), 42258080, 27473554

Mobile No. 9717897500, 9717897520

E-mail : lionsbloodbank@hotmail.com

FOR BLOOD BANK USE ONLY

RID

FOR BLOOD BANK USE ONLY

Receipt No.

## BLOOD REQUISITION FORM

Patient's Name .....

Age / Sex..... Blood Group.....

Father's/Husband's Name.....

C.R. No..... Date of Admission.....

Hospital Name.....

Ward No. .... Bed No.....

Clinical Diagnosis.....

Doctor Incharge.....

Date & Time of Request Sent.....

Indication for transfusion .....

Hb:..... TLC ..... Platelet Count.....

Previous Transfusion : Yes..... No.....

if Yes, Date of Last Transfusion .....

Any Adverse Effect..... Yes..... No.....

History of Drug Intake.....

In Female Patients H/o .....

Pregnancy	Gravida	Para
-----------	---------	------

Still birth	HDFN	Miscarriage
-------------	------	-------------

### NUMBERS OF UNITS REQUIRED : NAT TESTED

Blood Requisition: Routine / Urgent / Immediate  
(Please tick the appropriate)

PRBC:-

Leucodepleted   
PRBC:-

FFP:-

Platelet  
Concentrate:-

Platelet  
Apheresis:-

Certified that I have personally collected the blood sample of the patient after proper identification and signed the label on sample tube/ vacutainer. (2ml blood in plain and 5ml in EDTA vial. Sample will not be accepted in syringes.) informed consent for blood transfusion has been taken from the patient/relative and kept in the patient's case record.

Sample Collected at (Date & Time).....

Name & Sign. of Phlebotomist

Signature and Stamp of requesting Doctor

### INSTRUCTIONS FOR STRICT COMPLIANCE

- Requisitions are accepted round the clock
- Sample label on tube/vacutainer must be signed by phlebotomist
- Unlabeled, incorrect, Incomplete or illegible labelled specimen or those with discrepancy to the requisition form will not be accepted
- For New born baby up to 6 months of age, 2ml blood is required along with mother's blood sample
- Make sure that blood or blood components are arranged before any major surgery
- Blood components once issued will not be taken back by the blood bank
- In case of non availability of specific group alternative group can be considered
- Time taken for complete Compatibility Testing in normal circumstances is approx. 1 hour and 30 minutes

Indications for Component Usage - Overleaf

### LIONS INITIATIVE FOR SAFEST POSSIBLE BLOOD

100% VOLUNTARY, 100% COMPONENTS SEPARATION & 100% NAT TESTED

## FOR BLOOD BANK LAB. USE

Sample Received by:- ..... Date / Time.....

Patient's Blood Group (Slide Method)..... Done by.....

Tube / CAT Method	Anti-A	Anti-B	Anti-AB	Anti-D <sub>1</sub>	Anti-D <sub>2</sub>	A1 Cell	B Cell	O Cell	Interpretation	Tested By	Date/Time

## ANTIBODY SCREENING

O <sub>1</sub> Cells	O <sub>2</sub> Cells	O <sub>3</sub> Cells	Auto Control	DAT

## ABO X-Match

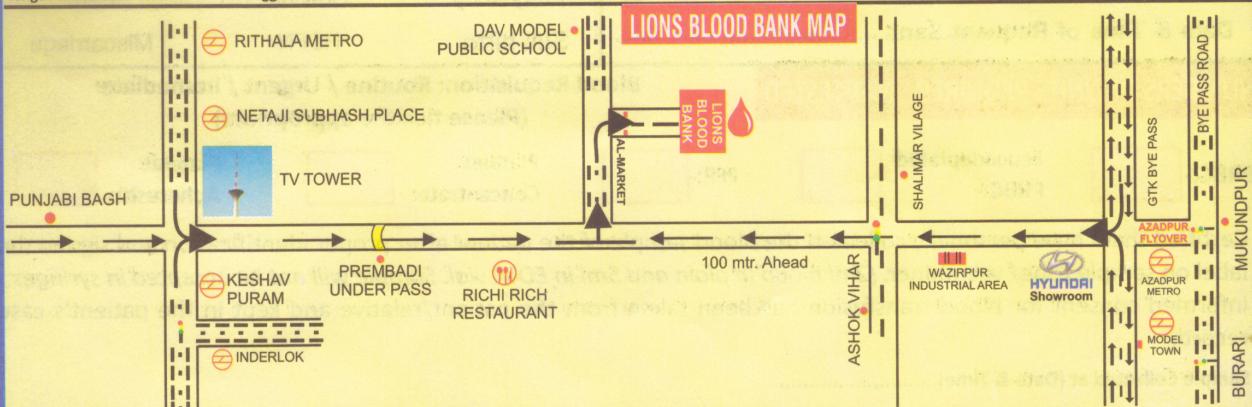
S. No.	Unit No.	Segment No.	Blood Component	Repeat Blood Group	Saline / Column Agglutination Test	Interpretation Compatible : Yes Incompatible : No
1.						
2.						
3.						
4.						
5.						

Cross Match By : Name & Signature..... Date..... Time.....

Counter Checked by.....

Issued By..... Blood Received By..... Date..... Time.....

4+ Agglutinated cells from a band at the top of the bead column. 3+ Most agglutinated cells remain in the upper half of the bead column. 2+ Agglutinated cells observed throughout the length of the bead column. 1+ Most agglutinated cells remains in the lower half of the bead column, 0 A button of non agglutinated cells at the bottom of the bead column.



## BLOOD COMPONENTS

COMPONENT	INDICATION	DOSAGE	SELECTING BLOOD GROUP
RED BLOOD CELLS (PRBC) - CPDA 180-240 ml - In additive solution 330-370 ml - Leucodepleted / Leucopoor	<ul style="list-style-type: none"> <li>Active bleeding with or without hypovolemic shock</li> <li>Symptomatic chronic anaemia unresponsive to conservative therapy</li> <li>Hb&lt;7gm/dl</li> <li>Hb&lt;7gm/dl in patient with cardiac Pulmonary or neurogenic disease.</li> <li>Clinical oxygenation problem at any Hb level</li> <li>Blood loss&gt; 15% of Blood volume in adults, &gt;10% of Blood volume in children.</li> <li>Neonatal exchange transfusion.</li> </ul>	One unit PRBC in an adult, 8 ml/kg paediatric dose will increase haematocrit by approximately 3% and Hb by 1 gm/dl	<ul style="list-style-type: none"> <li>- ABO Type specific compatible</li> <li>- In Absence of ABO type specific blood "O" PRBC can be transfused</li> <li>Rh Negative recipient shall receive Rh Negative PRBC</li> <li>Rh Positive recipient can receive either Rh (O) positive or negative PRBC</li> <li>If clinically significant unexpected antibodies are detected in recipient PRBC lacking the corresponding antigen and compatible are selected.</li> </ul>
RANDOM DONOR PLATELETS - (RDP) 50-70 ml - (BC-PLC) 70-90 ml	<ul style="list-style-type: none"> <li>Platelet count &lt;10,000/<math>\mu</math>l prophylactically in a patient with failure of platelet production</li> <li>Platelet count &lt;20,000/<math>\mu</math>l and signs of haemorrhagic diathesis (petechiae, mucosal bleeding)</li> <li>Platelet count &lt;50,000/<math>\mu</math>l in a patient with - Active haemorrhage / invasive procedures / Platelet dysfunction</li> </ul>	1 unit RDP increase platelet count by 5000-7000/ $\mu$ l in stable adults	<ul style="list-style-type: none"> <li>- ABO and Rh type specific preferable</li> <li>- In case of shortage, any ABO/Rh can be used provided there is no visual red cell contamination.</li> </ul>
SINGLE DONOR PLATELETS - (SDP) > 200 ml	<ul style="list-style-type: none"> <li>1 Unir SDP is = approx. 6 RDP's.</li> <li>Reduces multiple donor exposure</li> </ul>	1 unit SDP increases platelet counts by 25000-35000/ $\mu$ l in stable adult	- ABO & Rh type specific
FRESH FROZEN PLASMA - (FFP) 150-220 ml	<ul style="list-style-type: none"> <li>Massive blood transfusion.</li> <li>Coagulation factor deficiency (&lt;25%)</li> <li>Exchange Transfusion. Liver Transplant.</li> </ul>	10-15 ml/KG increases factor levels by 20-30	- ABO Type Specific compatible with recipients red cells