



MGM NEW BOMBAY HOSPITAL, VASHI

Plot No. 35, Sector 3, Vashi, Navi Mumbai - 400703. Tel.: (022) 5066 6777



JCI ACCREDITED

BLOOD COMPONENT TRANSFUSION AND ADMINISTRATION RECORD



MR. KIRAN BHAGWAN TAWARE
UHID : MGM240017131 IPD : MGMIP2406720
Age/Sex : 56 Years / MPOA : 05/10/2024
BED : SW-518 WARD : MWU
DR : DR.PRASHANT ATHALE

BAG LABEL DETAILS :

Product: <u>PRBC</u>	Unit number: <u>3764/24</u>	Blood Group: <u>"B" Rh positive</u>	Blood Bank: <u>welfare and educational chemist blood</u>
Date of Collection: <u>25/10/2024</u>	Date of Expiry: <u>5/12/2024</u>		
HIV I and II, HBsAg, HCV, VDRL: <u>Non reactive</u>	Malarial Parasite, Atypical Antibody: <u>Not detected</u>		
Tested on (Date): <u>26/10/2024</u>	Compatible for transfusion: _____		
The patient's Identity and details on the blood component bag has been:			
Checked by Doctor: <u>Dr. Heha</u>	Signature: <u>[Signature]</u>	EMP ID: <u>01624</u>	Date: <u>6/10/24</u> Time: <u>1:15 PM</u>
Verified by Nurse: <u>Tausif</u>	Signature: <u>[Signature]</u>	EMP ID: <u>2121</u>	Date: <u>6/10/24</u> Time: <u>1:20 PM</u>
Date of start of Infusion: <u>6/10/24</u>	Time of start of Infusion: <u>1:25 PM</u>		

BAG LABEL TO BE ATTACHED HERE

Welfare & Educational Trust of NMRCW Chemist Blood Centre

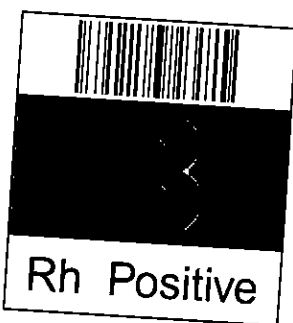
318 Sec-8, Plot No. 8.1, Chemist Bhavan, 2nd Floor, Navi Mumbai-400705
Contact: 8451892244/ 8454852244/ FDA License No. MH/103112

CONCENTRATED HUMAN RED BLOOD CORPUSCLES (I.P.)

Qty. ___ ml contents are prepared from 350/450 ml of whole blood I.P. 49ml/63ml
Of C.P.D.A. Solution (with SAGM 80/ 100 ml) Voluntary / Replacement

BLOOD UNIT NO:
BLOOD GROUP

3764/24



INSTRUCTION REGARDING STORAGE AND USE
1. Store between 2°C to 6°C. 2. Check blood group on label and recipient group. 3. Properly Intended recipient. 4. Cross match before use. 5. Do not add any other medication. 6. Administer without warming. 7. Shake gently before transfusion. 8. Do not vent. 9. Do not dispense without prescription. 10. Use disposable sterile transfusion set with filter. 11. Do not transfuse if any visible evidence of clots, discoloration deterioration, leakage, haemolysis. 12. Transfuse under medical supervision.

M.P. - NOT DETECTED V.D.R.L. - NON REACTIVE, ATYPICAL ANTIBODY NOT DETECTED
HIV I&II / HBs-Ag / HCV - NON REACTIVE TESTED ON : 26.10.2024

DATE OF COLLECTION : 25.10.2024

DATE OF EXPIRY : 05.12.2024

- ✓ Watch for any transfusion reaction such as fever, rash, headache, itching, breathing difficulty or any other discomfort/ symptoms.
- ✓ In case of any Symptoms of reaction STOP Transfusion immediately and inform Doctor
- ✓ Inform the blood storage unit.
- ✓ Fill the transfusion reaction form and send the samples to the laboratory as advised.