



क्रॉस मेचिंग रिपोर्ट के साथ का गुलाबी (पिंक) रंग का
फार्म डॉक्टर से भरवाकर ब्लड बैंक में अवश्य जमा करीए।

Welfare & Educational Trust of NMRCW
केमिस्ट ब्लड सेंटर
Chemist Blood Center
Voluntary, Day & Night - Blood, Component & Apheresis Centre
Chemist Bhavan, 2nd Floor, Plot No. 8.1, Chemist Bhavan Marg, Sector - 8, Sanpada (E), Navi Mumbai 400705.
Tel.: 022 2775 1266 / 8454852244 / 8451892244 Email: nmchemistbb@gmail.com

FEED BACK FORM FOR BLOOD TRANSFUSION REACTION

Sr. No. **5998**

(To be filled by Doctor in ward attending the patient)

Name of the Patient : Kiran Tawade

Sex / Age : / M

Nursing Home : MGM vashi

Exact Clinical History : _____

Clinical Diagnosis : _____

Indication for Transfusion : _____

Products : Whole Blood / Packed Cell / Fresh Frozen Plasma / Random Donor Platelet / Cryoprecipitated Anti - Hemophilic Factor / Cry-poor Plasma / Single Donor Platelet

1) Patient's blood group & Rh Type : 'B' positive

2) Blood Bag No. : 3568/24, 3601/24,

3) Cross match done on : 23/10/24

3602/24

4) Date & Time of Blood Issue : 23/10/24 1:05 pm

5) Date & Time of Blood Transfusion : _____

6) How Long Transfusion Continued (Before Reaction was Noted) : _____

7) Volume of Blood Transfused : _____

8) Time of stopping the Transfusion : _____

9) Any Medication Before or During Blood Transfusion : _____

10) Detail's of Previous Transfusion If Any : _____

11) Symptom's Noticed (Nature of Reaction Noticed) : _____

12) Treatment given : _____

13) Report's of Previous investigation : Sr. Bilirubin : _____ Direct : _____ Indirect : _____

Blood Urea : _____ SR. Creatinine : _____ Blood Clature _____

14) Weather Blood Bag with Transfusion Set. Is Returned to the Blood Center along with this form. _____ Yes / No

15) Samples sent to Blood Center : _____

1) Post Transfusion recipient Blood In : a) Plain Bulb) _____ b) Citrate Bulb : _____ c) EDTA Bulb : _____

2) Post Transfusion First Voided Urine : _____

Date & Time : _____

Name & Sign. of Doctor & Rubber stamp _____

Doctor are requested to kindly fill up properly above feed back form and return it immediately to Blood Centre after the completion of Blood transfusion.