



# MGM

## NEW BOMBAY HOSPITAL, VASHI

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



### BLOOD COMPONENT TRANSFUSION AND ADMINISTRATION RECORD



MR. KIRAN BHAGWAN TAWARE

UHID : MGM240017131 IPD : MGMP2406720

Age/Sex : 56 Years /M/DOA : 05/10/2024

BED : SICU-011 WARD : SICU

DR : DR.PRASHANT ATHALE

#### BAG LABEL DETAILS :

Product: PRBC Unit number: 3601 Blood Group: B Positive Blood Bank: *Chemist Blood center*

Date of Collection: 05/10/24 Date of Expiry: 17/11/24

HIV I and II, HBsAg, HCV, VDRL: Non Reactive Malarial Parasite, Atypical Antibody: No Detected

Tested on (Date): 07/10/24 Compatible for transfusion: Yes

The patient's Identity and details on the blood component bag has been:

Checked by Doctor: *[Signature]* Signature: \_\_\_\_\_ EMP ID: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Verified by Nurse: *[Signature]* Signature: *[Signature]* EMP ID: NBS19 Date: 28/10/24 Time: 05:00 PM

Date of start of Infusion: 28/10/24 Time of start of Infusion: 05:00 PM

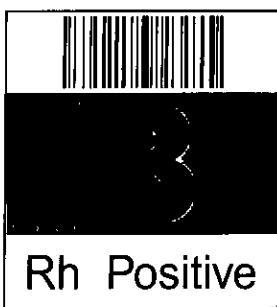
#### BAG LABEL TO BE ATTACHED HERE

Welfare & Educational Trust of NMRCW Chemist Blood Centre  
Sec-8, Plot No. 8.1, Chemist Bhavan, 2<sup>nd</sup> Floor, Navi Mumbai-400705  
Contact: 8451892244/ 8454852244/ FDA License No. MH/103112

**CONCENTRATED HUMAN RED BLOOD CORPUSCLES ( I.P.)**  
Qty 260 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

**3601/24**



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 :07.10.2024

DATE OF COLLECTION : 06.10.2024

DATE OF EXPIRY : 17.11.2024

- ✓ 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.