



MGM
NEW BOMBAY HOSPITAL, VASHI

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



MR KIRAN BHAGWAN TAWARE

UHID : MGM240017131 / PD : MGMIP2406720

Name of Patient: _____ Age: _____ Sex: M/F: _____ IP No. _____ Pt. No. _____ Date: _____
Age/Sex: 56 Years / M/DOA: 05/10/2024

BED : SICU-010 WARD : SICU

Blood Group: DR. PRASHANT ATHALE Count: 122 Date of Admission: _____ Ward: _____
Blood Group: O Positive Bag

BLOOD REQUISITION

WHOLE BLOOD Unit Supply / Reserve	PACKED CELLS Unit Supply / Reserve	FFP'S Unit Supply / Reserve	PIT. CONE	
			SDP Supply on	RDP Demand only
History of Previous Transfusion:				
Obstetrics History in case of Female Patients	One			

Required on: _____ Date: 6/10/24 at: 5:40 AM/PM

History in Short: post appendectomy Routine / Emergency / Requirement: _____

Reason for transfusion: built up

Name of the Hosp. MGM vashi

Name of Phlebotomist / Nurse Collecting Blood

Name & Signature of DMO Dr. Vilasam

with Registration No. 48081111>2014

Name of Consultant Dr. Athale

with Registration No.

- Note: 1) Label the sample properly (with same name on the requisition form) along with IP No. & ward.
2) 1.0 ml of EDTA & 4.0 ml of blood in a plain bulb is to be sent for grouping & cross-matching.
3) Doctors to recheck the samples before sending to the Blood Bank.
4) Blood once issued will not be accepted back.