



।। जन हिताय ।।

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, 2<sup>nd</sup> 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

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

Name of the Patient : Kiran Taware

Sex / Age : M

Nursing Home : MGM vashi

Clinical Diagnosis :

Exact Clinical History :

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 Clutre :

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.