



MGM
NEW BOMBAY HOSPITAL, VASHI

MR. KIRAN BHAGWAN TAWARE

UHID : MGM240017131 IPD : MGMP2406720

Age/Sex : 56 Years /MDOA : 05/10/2024

BED : SICU-011 WARD : SICU

DR. DR.PRAHANT ATHALE

, Vashi, Navi Mumbai - 400703. Tel.: (022) 5066 6777



JCI ACCREDITED

BLOOD REQUISITION

Name of Patient: _____ Age: _____ Sex: M/F IP No. _____ Pt. No. _____ Date: 25/10/2024

Blood Group B+ve /Hb 8.8 /Pt Count 174 Date of Admission _____ Ward _____

WHOLE BLOOD	PACKED CELLS	FFP'S	PIT. CONE	
			SDP	RDP
Unit Supply / Reserve	<u>1</u> Unit Supply / Reserve	Unit Supply / Reserve	Supply on	Demand only
History of Previous Transfusion:				
Obstetrics History in case of Female Patients				

Required on: _____ Date 25/10/2024 at 11:46 AM / PM

History in Short: Patient for varicose Routine / Emergency / Requirement _____

Reason for transfusion: _____

Name of the Hosp. _____

Name of Phlebotomist / Nurse Collecting Blood

Name & Signature of DMO DR. Athale

with Registration No. DR. Athale

Name of Consultant DR. Athale

with Registration No. DR. Athale

- 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.**