



MGM NEW BOMBAY HOSPITAL, VASHI

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



JCI ACCREDITED

BLOOD COMPONENT TRANSFUSION AND ADMINISTRATION RECORD



MR. KIRAN BHAGWAN TAWARE

UHID : MGM240017131 IPD : MGMIP2406720

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

BED : SW-518 WARD : MWU

DR : DR.PRASHANT ATHALE

BAG LABEL DETAILS :

Product: PRBC Unit number: 3764/24 Blood Group: "B" Rh positive Blood Bank: welfare and educational chemist blood
Date of Collection: 25/10/2024 Date of Expiry: 5/12/2024
HIV I and II, HBsAg, HCV, VDRL: Non reactive Malarial Parasite, Atypical Antibody: Not detected
Tested on (Date): 26/10/2024 Compatible for transfusion: _____
The patient's identity and details on the blood component bag has been:
Checked by Doctor: Dr. Heha Signature: [Signature] EMP ID: 01624 Date: 6/10/24 Time: 1:15 PM
Verified by Nurse: Tausif Signature: [Signature] EMP ID: WLU Date: 6/10/24 Time: 1:20 PM
Date of start of Infusion: 6/10/24 Time of start of Infusion: 1:25 PM

BAG LABEL TO BE ATTACHED HERE

Welfare & Educational Trust of NMRCW Chemist Blood Centre

318 Sec-8, Plot No. 8.1, Chemist Bhavan, 2nd Floor, Navi Mumbai-400705

Contact: 8451892244/ 8454852244/ FDA License No. MH/103112

CONCENTRATED HUMAN RED BLOOD CORPUSCLES (I.P.)

Qty. ___ 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

3764/24



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, hemolysis. 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 : 26.10.2024

DATE OF COLLECTION : 25.10.2024

DATE OF EXPIRY : 05.12.2024

- ✓ 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.