A) Blood Bank Details

Blood Bank Name and Address	SBTC ID	District	Category	License No. & Validity	Name of Blood Bank Incharge	No. of Complaints Received
NOOR HOSPITAL BLOOD BANK	bb 3-93	JALNA	TRUST	26/12/20	DR. SHATKH	ov

B) Numbers of Staff Working

Blood Transfusion Officer (B.T.O.)	Technical Supervisor	Technician	MSW/PRO	Staff Nurse
03	01	03	01	01

C) Blood Collection and Utilisation (01/01/2019 to 31/12/2019)

Total Blood Collection				Tot	al Blood Utilisa	tion		
No. of Camps	Voluntary	Replacement	Total	Whole Blood	RBC	Platelets	FFP	CRYO
19	732	00	732	71	391	00	01	00

D) Bulk Transfer of Blood Units

Whole Blood & Component	Whole Blood	RBC	Platelets	FFP	CRYO
Units received from other blood bank	00	10	00	00	1
Units transferred to other blood bank	44	212	00	06	(7)

E) Blood Units Discard on account of (Only WB & RBC)

TTD +ve	Expired	Hemolysed	Other	Total
11	46	01	06	

Merruza Shaikh Incharge Blood Bankth) (Signakure & Stemp)

Please send information in scanned pdf format with Sign & Stamp of B.B. Incharge on sbt. Com (Please verify before sending the Information)

Processing and Additional testing charges for Blood and Blood Component

Form - B

Name of Blood Bank	NOOR HOSPITAL BLOODBAN	SBTC ID	bb 373	District	JALNA	Category	TRUST
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A) Processing charges (Basic) in Rs.

Whole Blood	RBC	Platelets	FFP	CRYO	SDP
00	00	00	00	00	00

B) Charges of specialized test per Whole Blood unit in Rs.

NAT	Chemiluminscence	AT Chemiluminscense IV Generation Elisa			A4: UD-			
Chemiluminscei	Chemituminscence	HIV	HBs Ag	HCV	Anti HBc	Antibody screening (Donor)		
00	00	- 00	00	80	60	80		

C) Charges of specialized Component specific test in Rs.

Leuco filtration		Blood Gr	Blood Grouping and Cross Matching				Do et e ei el
Red Cells	Platelets	Automation	Semi Automation	Both together Sore	for extended Serology	Irradiation	Bacterial Detection
00	00	00	00	00	00	00	00

D) Additional processing charges for Blood components

E) Additional processing charges for Blood components using Quadruple bags by buffy coat method in Rs.

asing dang	as a grant spic sels by saily cour metrica in its.			bags by burry coat metriod in Rs.					
Red Cells	Platelets	Plasma	Whole Blood	RBC	Platelets	FFP	CRYO	SDP	
50	60	00	on mayor oo	00	00	00	00	00	

Incharge Blood Bank att

Please send information in scanned odf format with Sign & Stamp of B.B. Incharge on sbtc@mahasbtc.com (Please verify before sending the Information)