METFREE HOSPITAL BLOOD STORAGE CENTRE LICNO.G/BSC/320 Form No.1

| Blood Component Request Form | |
| --- | --- |
| Patients Sero Reactivity Status | Request No |
| Registration No. | Request Date and Time |
| Name | Type Of Request |
| Age and Sex | Consultant |
| Ward /Bed | Requested By p |

| Component Requested | PRBC | FFP | Plateletes | Any Other component |
| --- | --- | --- | --- | --- |
| No of Units |  |  |  |  |

Component Required on Date

For Lab use only

| Forward Grouping | | | | Reverse Grouping | | | Interpretation | | | Date | Done By |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Anti A | Anti B | Anti AB | Anti D | RA | RB | RO | Group | Rh | Du |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |

Blood Cross Match Details

| Sl No | Unit No | Expiry Date | ABO&Rh | Immediate Spin | 4 ° C | RT | 37° Coombs | Done By | Issued | Date & Time |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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