

ISO 9001 : 2008 Certified



ROTARY BLOOD BANK

Regional Blood Transfusion Centre (Licence No.: 504)

F01/QSP/7.5/16

56-57, Institutional Area, Tughlakabad, New Delhi - 110 062
 Tel.: 29054066-69, Fax : 26056333
 Website : rotarybloodbank.org, E-mail : blood@rotarybloodbank.org

Receipt No

BLOOD REQUISITION FORM

Note.: Please turn over & check (Instructions and Components usage) before ordering.
 If overriding give reason. Incomplete & mutilated forms will not be accepted.

Blood required on Date	Blood Group
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	No. of Units Required	Routine /Urgent/Immediate
Whole Blood		Patient's Name :.....Age.....Sex M/F..... Father's /Husband's Name..... Registration No..... Hospital's Name..... Ward / Bed.....
Red Blood Cells		
Platelets Conc.		
Fresh Frozen Plasma		
SDP		
Cryoprecipitate		
Cryo Poor Plasma		

Doctor Incharge: Clinical Diagnosis & reason for Blood Transfusion Patient's Hb..... P/t Count..... Previous Transfusion With Date: Date & Time of Request Sent:	If Patient is female: History of Pregnancy: History of HDNB, Stillbirth, Miscarriage
Patient's sample drawn & labelled by <input type="checkbox"/> Technician <input type="checkbox"/> Sister <input type="checkbox"/> Doctor Name & Signature of Phlebotomist	Name & Signature of Requesting Doctor with stamp

For Blood Bank Use Only

Received in Blood Bank By:	Date & Time																		
<table border="1"> <tr> <td>Patient's</td> <td>Anti - A</td> <td>Anti - B</td> <td>Anti- D1</td> <td>Anti- D2</td> <td>A Cell</td> <td>B Cell</td> <td>Bl. Gp.</td> <td>Tested By:</td> </tr> <tr> <td>Blood Group:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Date /Time</td> </tr> </table>	Patient's	Anti - A	Anti - B	Anti- D1	Anti- D2	A Cell	B Cell	Bl. Gp.	Tested By:	Blood Group:								Date /Time	
Patient's	Anti - A	Anti - B	Anti- D1	Anti- D2	A Cell	B Cell	Bl. Gp.	Tested By:											
Blood Group:								Date /Time											

CROSS MATCH BY

Blood Group	Unit No	Segment No.	Blood Component	Column Agglutination	
				Compatible	In - Compatible

Cross Match By :- Name & Signature.....DateTime.....
 Counter Checked by.....
 Issued By..... Blood Received By.....
 (+ Agglutination o No agglutination) Date & Time.....

The Blood collected from voluntary donors is safe. It is tested for HIV I & II, HBsAg, HBcAb, HCV, VDRL & Malaria
 The Blood is carefully cross matched to make sure that it is compatible. However no blood is 100% safe.