

Blood Bank Information: 01/07/2018 to 31/12/2018

Form – A

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 |
|-----------------------------|---------|----------|----------|------------------------|-----------------------------|----------------------------|
| Jankalyan Raktapedhi, Mahad | bb 040 | Raigad | Trust | Dec. 18 | Dr M.G. Pawar MD (Path) | |

B) Numbers of Staff Working

| Blood Transfusion Officer (B.T.O.) | Technical Supervisor | Technician | MSW/PRO | Staff Nurse |
|------------------------------------|----------------------|------------|---------|-------------|
| 02 | — | 01 | — | 01 |

C) Blood Collection and Utilisation (01/07/2018 to 31/12/2018)

| Total Blood Collection | | | | Total Blood Utilisation | | | | |
|------------------------|-----------|-------------|-------|-------------------------|-----|-----------|-----|------|
| No. of Camps | Voluntary | Replacement | Total | Whole Blood | RBC | Platelets | FFP | CRYO |
| 23 | 758 | — | 758 | 710 | | | | |

D) Bulk Transfer of Blood Units

| Whole Blood & Component | Whole Blood | RBC | Platelets | FFP | CRYO |
|---------------------------------------|-------------|-----|-----------|-----|------|
| Units received from other blood bank | — | — | — | — | — |
| Units transferred to other blood bank | — | — | — | — | — |

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

| TTD +ve | Expired | Hemolysed | Other | Total |
|---------|---------|-----------|-------|-------|
| 09 | 20 | — | 07 | 36 |



Incharge Blood Bank
Dr. M.G. Pawar
 (Signature & Stamp)
 (M.D. Path)
 Blood Transfusion Officer
 Jankalyan Rakta Pedhi
 Mahad - Raigad

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

Processing and Additional testing charges for Blood and Blood Component

Form – B

| | | | | | | | |
|--------------------|-----------------------------|---------|--------|----------|--------|----------|--------|
| Name of Blood Bank | Jankalyan Raktapredhi mahad | SBTC ID | bb 040 | District | Raigad | Category | Trust. |
|--------------------|-----------------------------|---------|--------|----------|--------|----------|--------|

A) Processing charges (Basic) in Rs.

| Whole Blood | RBC | Platelets | FFP | CRYO | SDP |
|-------------|-----|-----------|-----|------|-----|
| 1350/- | - | - | - | - | - |

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

| NAT | Chemiluminescence | IV Generation Elisa | | | Anti HBc | Antibody screening (Donor) |
|-----|-------------------|---------------------|--------|--------|----------|----------------------------|
| | | HIV | HBs Ag | HCV | | |
| | | 1350/- | 1350/- | 1350/- | | |

No additional charges for IV generation Elisa testing

C) Charges of specialized Component specific test in Rs.

| Leuco filtration | | Blood Grouping and Cross Matching | | | Phenotyping for extended Serology | Irradiation | Bacterial Detection |
|------------------|-----------|-----------------------------------|-----------------|---------------|-----------------------------------|-------------|---------------------|
| Red Cells | Platelets | Automation | Semi Automation | Both together | | | |
| - | - | - | - | - | - | - | - |

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

| Red Cells | Platelets | Plasma |
|-----------|-----------|--------|
| - | - | - |

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

| Whole Blood | RBC | Platelets | FFP | CRYO | SDP |
|-------------|-----|-----------|-----|------|-----|
| - | - | - | - | - | - |



Incharge Blood Bank
 (Signature & Stamp)
 (M.D. Path)
 Blood Transfusion Officer
 Jankalyan Raktapredhi
 Mahad - Raigad