

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 |
|--|---------|----------|----------|------------------------|-----------------------------|----------------------------|
| S.L. RAHEJA HOSPITAL BLOOD BANK. RAHEJA RUGNALAY MARG. MAHIM. MUMBAI-16 | bb 279 | MUMBAI | TRUST | 28-C/43 13/07/2019 | DR. NEELAM NIHARA | - |

B) Numbers of Staff Working

| Blood Transfusion Officer (B.T.O.) | Technical Supervisor | Technician | MSW/PRO | Staff Nurse |
|------------------------------------|----------------------|------------|---------|-------------|
| 02 | 02 | 07 | 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 |
| 11 | 1480 | 126 | 1606 | - | 1707 | 1139 | 1402 | 84 |

D) Bulk Transfer of Blood Units

| Whole Blood & Component | Whole Blood | RBC | Platelets | FFP | CRYO |
|---------------------------------------|-------------|-----|-----------|-----|------|
| Units received from other blood bank | - | 239 | 210 | 40 | - |
| Units transferred to other blood bank | - | 84 | 141 | 00 | - |

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

| TTD +ve | Expired | Hemolysed | Other | Total |
|---------|---------|-----------|-------|-------|
| 31 | 22 | - | 25 | 78 |




Incharge Blood Bank
(Signature & Stamp)

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 | S.L. RAHEJA HOSPITAL BLOOD B. | SBTC ID | bb 279 | District | MUMBAI | Category | TRUST |
|---------------------------|-------------------------------|----------------|--------|-----------------|--------|-----------------|-------|

A) Processing charges (Basic) in Rs.

| | | | | | |
|--------------------|------------|------------------|------------|-------------|------------|
| Whole Blood | RBC | Platelets | FFP | CRYO | SDP |
| 1450 | 1450 | 400 | 400 | 250 | 11000 |

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 | | |
| 1200 | 500 | — | — | — | — | — |

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 | | | |
| 800 | 200 | — | 120 | 120 | — | 1000 | — |

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

| | | |
|------------------|------------------|---------------|
| Red Cells | Platelets | Plasma |
| 150 | 150 | 100 |

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

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

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**Incharge Blood Bank
(Signature & Stamp)**