

Blood Bank Information: 01/01/2018 to 30/06/2018

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 |
|--|---------|----------|----------|--------------------------------------|-----------------------------|----------------------------|
| Ms. Lokmanya Tilak Municipal General Hospital, Sion, Mumbai - 400022 | bb 187 | Mumbai | Govt. | 28c-1046 Valid upto 31/12/2021 | Dr. Milind V. Patil | Nil |

B) Numbers of Staff Working

| Blood Transfusion Officer (B.T.O.) | Technical Supervisor | Technician | MSW/PRO | Staff Nurse |
|------------------------------------|----------------------|------------|---------|-------------|
| 01 + 03 SMO's) | 02 | 13 | 01 | 02 |

C) Blood Collection and Utilisation (01/01/2018 to 30/06/2018)

| Total Blood Collection | | | | Total Blood Utilisation | | | | |
|------------------------|-----------|-------------|-------|-------------------------|------|-----------|------|------|
| No. of Camps | Voluntary | Replacement | Total | Whole Blood | RBC | Platelets | FFP | CRYO |
| 66 | 7254 | Nil | 7254 | 111 | 6992 | 1926 | 3826 | 390 |

D) Bulk Transfer of Blood Units

| Whole Blood & Component | Whole Blood | RBC | Platelets | FFP | CRYO |
|---------------------------------------|-------------|------|-----------|-----|------|
| Units received from other blood bank | 113 | 1642 | -- | -- | -- |
| Units transferred to other blood bank | -- | 357 | -- | -- | -- |

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

| TTD +ve | Expired | Hemolysed | Other | Total |
|---------|---------|-----------|-------|-------|
| 108 | 131 | -- | 228 | 467 |


 Incharge Blood Bank
 (Signature & Stamp)

Prof. (A) Pathology Dept.
 BLOOD BANK
 LTMG HOSPITAL,
 SION, MUMBAI - 400022

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 | M/s. Lokmanya Tilak Mun. General Hospital, Sion | SBTC ID | bb 187 | District | Mumbai | Category | Govt. |
|--------------------|---|---------|--------|----------|--------|----------|-------|

A) Processing charges (Basic) in Rs.

| Whole Blood | RBC | Platelets | FFP | CRYO | SDP |
|-------------|-------|-----------|-------|-------|------|
| 850/- | 850/- | 300/- | 300/- | 200/- | FREE |

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 | | |
| NA | NA | NA | NA | NA | NA | NA |

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 | | | |
| -- | -- | -- | 200/- | 200/- | -- | -- | -- |

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

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

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

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

Incharge Blood Bank
(Signature & Stamp)

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