

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 |
|-------------------------------|---------|----------|----------|-------------------------------|-----------------------------|----------------------------|
| SBH GMC & H Blood Bank, Dhule | bb 0138 | Dhule. | BCSU | 1020 Valid upto 19/06/2022 | Dr. D. K. Shejwal. | — |

B) Numbers of Staff Working

| Blood Transfusion Officer (B.T.O.) | Technical Supervisor | Technician | MSW/PRO | Staff Nurse |
|------------------------------------|----------------------|------------|---------|-------------|
| 02 | 01 | 11 | 01 | 01 |

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

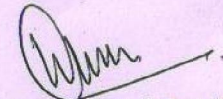
| Total Blood Collection | | | | Total Blood Utilisation | | | | |
|------------------------|-----------|-------------|-------|-------------------------|------|-----------|-----|------|
| No. of Camps | Voluntary | Replacement | Total | Whole Blood | RBC | Platelets | FFP | CRYO |
| 42 | 3079 | — | 3079 | 1559 | 1533 | 79 | 342 | — |

D) Bulk Transfer of Blood Units

| Whole Blood & Component | Whole Blood | RBC | Platelets | FFP | CRYO |
|---------------------------------------|-------------|-----|-----------|-----|------|
| Units received from other blood bank | 151 | — | — | — | — |
| Units transferred to other blood bank | 01 | 01 | — | — | — |

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

| TTD +ve | Expired | Hemolysed | Other | Total |
|---------|---------|-----------|-------|-------|
| 16 | 09 | — | 09 | 34 |


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)

I/C BLOOD BANK
SBH GMC. & H., DHULE.

Processing and Additional testing charges for Blood and Blood Component

Form – B

| | | | | | | | |
|---------------------------|------------------------------|----------------|---------|-----------------|-------|-----------------|------|
| Name of Blood Bank | SBH GMC & H Blood Bank Dhule | SBTC ID | bb 0138 | District | Dhule | Category | BCSU |
|---------------------------|------------------------------|----------------|---------|-----------------|-------|-----------------|------|

A) Processing charges (Basic) in Rs.

| Whole Blood | RBC | Platelets | FFP | CRYO | SDP |
|-------------|-------|-----------|-------|------|-----|
| 500/- | 500/- | 500/- | 500/- | - | - |

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 | | |
| - | - | - | - | - | - | - |

C) Charges of specialized Component specific test in Rs.

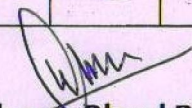
| Leuco filtration | | Blood Grouping and Cross Matching | | | Phenotyping for extended Serology | Irradiation | Bacterial Detection |
|------------------|-----------|-----------------------------------|-----------------|---------------|-----------------------------------|-------------|---------------------|
| 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)

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

I/C BLOOD BANK
SBH GMC. & H., DHULE