

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 |
|---|---------|----------|----------|------------------------|-----------------------------|----------------------------|
| NAVJIVAN BLOOD BANK (MANAGED BY SVFP) SHOP NO. 1, "ABHILASHA II", PUNJABI LANE, BORIVALI (W), MUMBAI 400092 | bb 288 | MUMBAI | TRUST | 288/46 23/02/20 | DR. UDANI DR. VALECHA | - |

B) Numbers of Staff Working

| Blood Transfusion Officer (B.T.O.) | Technical Supervisor | Technician | MSW/PRO | Staff Nurse |
|------------------------------------|----------------------|------------|---------|-------------|
| 1 | 1 | 4 | 1 | 1 |

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 |
| 21 | 2369 | 10 | 2379 | - | 2148 | 1071 | 2467 | - |

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 |
|---------|---------|-----------|-------|-------|
| 29 | 3 | - | 1 | 33 |

NAVJIVAN BLOOD BANK
 (Managed by Saraswati Vidyaprasarak Foundation) INDIA
 Shop No. 1, "ABHILASHA-II", Punjabi Lane,
 Nr. Chhatrapati Shivaji Maharaj Vastu Sangrahalaya, Borivali (West),
 Mumbai - 400 092.
 (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 | NAUJIVAN BLOOD BANK (MGEDBY SYPF INDIA) | SBTC ID | bb 288 | 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 | | |
| - | - | 50 | - | - | - | - |

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 | | | |
| - | - | - | - 120 - | | - | - | - |

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

NAVJIVAN BLOOD BANK
 (Managed by Saraswati Vidyoprasarak Foundation) INDIA
 Shop No. 1, "ABHILASHA - II", Punjabi Lane,
 Nr. Off. of Maharashtra Road, Borivli (West),
 Mumbai - 400 099
 (Signature & Stamp)

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