

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 |
|--|---------|----------|----------|---------------------------------------|-----------------------------|----------------------------|
| Name- J.J. Blood Bank, Address- Sir J.J. Marg, Byculla, Mumbai-08 | bb034 | Mumbai | Gov. | 27-C/1107 1/11/17 to 31/12/2021 | Dr. R.V. Taksande | - |

B) Numbers of Staff Working

| Blood Transfusion Officer (B.T.O.) | Technical Supervisor | Technician | MSW/PRO | Staff Nurse |
|------------------------------------|----------------------|------------|---------|-------------|
| 07 | 02 | 07 | 01 | 03 |

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

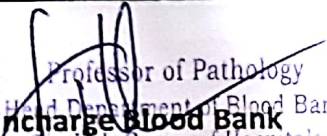
| Total Blood Collection | | | | Total Blood Utilisation | | | | |
|------------------------|-----------|-------------|-------|-------------------------|-----|-----------|-----|------|
| No. of Camps | Voluntary | Replacement | Total | Whole Blood | RBC | Platelets | FFP | CRYO |
| 25 | 3348 | - | 3348 | 2911 | 392 | 250 | 272 | - |

D) Bulk Transfer of Blood Units

| Whole Blood & Component | Whole Blood | RBC | Platelets | FFP | CRYO |
|---------------------------------------|-------------|-----|-----------|-----|------|
| Units received from other blood bank | 147 | 88 | 06 | - | - |
| Units transferred to other blood bank | 145 | - | - | - | - |

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

| TTD +ve | Expired | Hemolysed | Other | Total |
|---------|---------|-----------|-------|-------|
| 113 | 46 | - | 79 | 238 |


 Professor of Pathology
 Head Department of Blood Bank
 Incharge Blood Bank
 Sir J.J. Group of Hospitals
 (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 | J. J. HOSPITAL BLOOD BANK | SBTC ID | bb 034 | District | MUMBAI | Category | Gov. |
|--------------------|---------------------------|---------|--------|----------|--------|----------|------|

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

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