

**Blood Bank Information: 01/01/2019 to 30/06/2019**

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
B-Y-L-Nairz Charitable Hosp. Blood Bank	bb 179	Mumbai	BESU	form 242 31/12/2022	Dr. Sweetsy Phinde	NLL

**B) Numbers of Staff Working**

Blood Transfusion Officer (B.T.O.)	Technical Supervisor	Technician	MSW/PRO	Staff Nurse
01	01	12	02	02

**C) Blood Collection and Utilisation (01/01/2019 to 30/06/2019)**

Total Blood Collection				Total Blood Utilisation				
No. of Camps	Voluntary	Replacement	Total	Whole Blood	RBC	Platelets	FFP	CRYO
75	6639	-	6639	2444	5761	1821	3740	20

**D) Bulk Transfer of Blood Units**

Whole Blood & Component	Whole Blood	RBC	Platelets	FFP	CRYO
Units received from other blood bank	-	557	-	-	-
Units transferred to other blood bank	-	880	-	-	-

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

TTD +ve	Expired	Hemolysed	Other	Total
45	25	01	109	180

*for Chait*  
 Incharge Blood Bank  
 (Signature & Stamp)  
**BLOOD BANK**  
 B.Y.L. Nair Ch. Hospital  
 Mumbai-400 008.  
 c/b-y- H/BTD 24/9/19

Please send information in scanned pdf format with Sign & Stamp of B.B. Incharge on [sbtc@mahasbtc.com](mailto: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	B.Y.L. Nair Ch. Hospital Blood Bank	SBTC ID	bb 179	District	Mumbai	Category	BCSU
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**A) Processing charges (Basic) in Rs.**

Whole Blood	RBC	Platelets	FFP	CRYO	SDP
425/-	425/-	250/-	200/-	NIL	NIL

**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	NIL	NA	NA	NIL	NIL

**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			
NA	NA	NA	NA	NA	NA	NA	NA

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

Red Cells	Platelets	Plasma
NIL	NIL	NIL

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

Whole Blood	RBC	Platelets	FFP	CRYO	SDP
NIL	NIL	NIL	NIL	NIL	NIL

*for Subodh*  
**Incharge Blood Bank**  
**(Signature & Stamp)**  
 BLOOD BANK  
 Nair Ch. Hospital  
 Mumbai-400 008.  
 clay - 25/1/19

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