

Blood Bank Information 01/07/2019 to 31/12/2019

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 |
|---|---------|----------|----------|------------------------|-----------------------------|----------------------------|
| Blood Bank, Civil Hospital & G.M.C. Jalgaon | bb109 | Jalgaon | DLBB (G) | 1037 24/02/2021 | Dr. V.B. Kolhe B.T.O | 0 |

B) Numbers of Staff Working

| Blood Transfusion Officer (B.T.O.) | Technical Supervisor | Technician | MSW/PRO | Staff Nurse |
|------------------------------------|----------------------|------------|---------|-------------|
| 01 | 01 | 06 | 01 | 01 |

C) Blood Collection and Utilisation (01/07/2019 to 31/12/2019)


| Total Blood Collection | | | | Total Blood Utilisation | | | | |
|------------------------|-----------|-------------|-------|-------------------------|------|-----------|------|------|
| No. of Camps | Voluntary | Replacement | Total | Whole Blood | RBC | Platelets | FFP | CRYO |
| 41 | 2732 | 0 | 2732 | 912 | 1356 | 00 | 1438 | 00 |

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 | 05 | 00 | 33 | 67 |


 Blood Transfusion Officer
 Incharge Blood Bank
 Blood Bank General Hospital
 (Signature & Stamp)
 Jalgaon

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 | Blood Bank, Civil Hospital & GMC Jalgaon | SBTC ID | bb 109 | District | Jalgaon | Category | DLBB (G) |
|--------------------|--|---------|--------|----------|---------|----------|----------|

A) Processing charges (Basic) in Rs.

| Whole Blood | RBC | Platelets | FFP | CRYO | SDP |
|-------------|-----|-----------|-----|------|-----|
| 850 | 850 | 300 | 300 | - | - |

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


 Blood Transfusion Officer
 Incharge Blood Bank
 Blood Bank General Hospital
 (Signature & Stamp)
 Jalgaon

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