

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
Civil Hospital, Akola Naka, WASHIM	bb328	WASHIM	Govt	Amd/BB/ 29/2009 23.08.14	Dr. K.A. Lonkar	--

B) Numbers of Staff Working

Blood Transfusion Officer (B.T.O.)	Technical Supervisor	Technician	MSW/PRO	Staff Nurse
02	01	04	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
26	1426	00	1426	1109	123	00	05	--


D) Bulk Transfer of Blood Units

Whole Blood & Component	Whole Blood	RBC	Platelets	FFP	CRYO
Units received from other blood bank	24	—	—	—	—
Units transferred to other blood bank	153	—	—	—	—

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

TTD +ve	Expired	Hemolysed	Other	Total
35	13	00	27	75




Incharge Blood Bank
 (Signature & Stamp)
I/C Blood Bank

Processing and Additional testing charges for Blood and Blood Component

Form – B

Name of Blood Bank	Civil Hospital Washim	SBTC ID	bb 328	District	WASHIM	Category	Govt.
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A) Processing charges (Basic) in Rs.

Whole Blood	RBC	Platelets	FFP	CRYO	SDP
450	450	450	450	—	—

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)

I/C Blood Bank

Please verify before sending the information
District General Hospital, Washim