

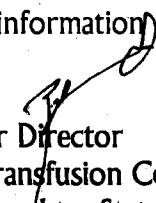
SBTC No./guidelines – bulk transfer/2016/275
Date : 30/03/2016

To,
I/c of Blood Banks,
(All)

Sub: Adoption of the guideline issued by the Addl. Secretary, GOI, Ministry of Health and Family Welfare, NACO, New Delhi regarding Permitting bulk transfer of blood between licensed blood banks ~~Card for free blood to thalassemia, hemophilia and sickle cell patients.~~

The Addl. Secretary, GOI, Ministry of Health and Family Welfare, NACO, New Delhi has issued guidelines for permitting bulk transfer of blood between licensed blood banks in the country vide D.O. Letter no.S-12015/04/2015 NBTC dt. 28th October, 2015.

2. The above guidelines were placed before the Governing Board of SBTC in its 33rd meeting held on 29.02.2016. The Governing Board approved the guidelines regarding permitting bulk transfer of blood between licensed blood bank for circulations amongst the blood banks.
3. The Governing Board also directed that ordinarily, the bulk transfer of blood should be within the licensed blood bank in the State.
4. The guidelines of the NACO are enclosed herewith for information and necessary action.

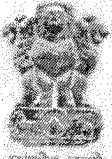

For Director
State Blood Transfusion Council,
Maharashtra State

Copy submitted to:

1. The Principal Secretary, Public Health and President SBTC, Mumbai
2. The Commissioner, Food and Drugs Administration, (Bandra), Mumbai
3. The Deputy Drug Controller (West Zone), CDSCO, Mumbai
4. The Director, Health Services, Mumbai

Copy to :

1. The Jt. Commissioner, (HQ), Food and Drugs Administration, Mumbai
2. The Asst. Commissioner, Food and Drugs Administration, Mumbai
3. Website: www.mahasbtc.com / arogya.maharashtra.gov.in / maha-arogya.gov.in



सत्यमेव जयते

एन. एस. कंग, भा.प्र.से

अपर सचिव

NAVREET SINGH KANG, IAS

Additional Secretary



भारत सरकार

स्वास्थ्य एवं परिवार कल्याण मंत्रालय

राष्ट्रीय एड्स नियंत्रण संगठन

Government of India

Ministry of Health & Family Welfare

National AIDS Control Organisation

D.O. No. S-12015/04/2015-NBTC

Dated 28 October 2015

Dear,

I am writing this to highlight an important initiative that can lead to increase in the efficiency of Blood Transfusion Service in the country, namely permitting bulk transfer of blood between licensed blood banks.

2. You would be aware that there have been reports about surplus blood being wasted in some blood banks, whereas scarcity of blood is reported in other parts of the country at the same time. To obviate this, a policy regarding promoting transfer of blood from one blood bank to another blood bank has been under consideration for some time. The subject was initially considered by a group of experts, and has been approved by the National Blood Transfusion Council in its meeting of 05.08.2015. The Health Ministry has also granted its approval to the new initiative.

3. Bulk transfer of blood and blood components amongst licensed blood banks in the country would henceforth be allowed under the following conditions.

- I. Transfers shall be allowed between licensed blood banks in any sector (Public, NGO, and Private).
- II. Transfer of blood and components in bulk shall be permitted across State borders to also ensure the availability at the point of need.
- III. All transfers shall be done at the recommended temperature and as per prescribed storage conditions for whole blood and components. The supplier blood bank shall be responsible for compliance thereof.
- IV. The recipient blood bank should have the capacity to hold the units requested for, at appropriate temperature till the time of utilization.
- V. Broad based donor consent should be incorporated in the standard donor form to ensure that the donor agrees to his blood unit being utilized beyond the blood bank where it is donated.
- VI. The supplier blood bank can levy the prescribed processing charges on the patient/recipient/recipient blood bank as per NBTC norms. However, the recipient blood bank can levy only processing charging for compatibility testing (cross-matching), in addition to charges levied by the supplier blood bank, from the patient/recipient for such transferred units.

6th Floor, Chandralok Building, 36 Janpath, New Delhi -110001, Telefax : 011-23325331/ 23351700

E-mail : nacoasdg@gmail.com

अपनी एचआईवी अवस्था जानें, निकटतम सरकारी अस्पताल में मुफ्त सलाह से जींच पाएँ

Know Your HIV status, go to the nearest Government Hospital for free Voluntary Counselling and Testing

- VIII. Records of traceability shall be retained throughout the process.
- IX. Supplier blood bank would be responsible for all the complications except for those related to compatibility testing, which will be the responsibility of the recipient blood bank. Recipient blood bank shall report and evaluate all the adverse transfusion reactions, including those happening due to blood that has been transferred from supplier blood bank.
- X. Documents accompanying transfer shall include TTI testing report and record of transport in appropriate temperature.
- XI. All recipient blood banks are considered deemed approved to act as functional storage centers for blood and blood components, even though the upper limit of 2000 units utilization per annum is not applicable.
- XII. All blood banks and storage units be instructed to issue blood to all patients needing transfusion and not restricting blood issue to captive requirements of institution to which they are attached.
- XIII. Blood banks would be informing regarding bulk transfers to SBTC and in case of inter-state bulk transfers to NBTC.
4. The formats for request and issue of bulk transfer of blood are enclosed, and may be followed in the interest of maintaining uniformity of record.
5. I would seek your personal attention towards successful implementation of this policy.

With regards,

Yours sincerely,


(N.S Kang)

Encl: A/A.

To

All Principal Secretary (H)

Copy to:

1. All Director, Health Services
2. All Project Director State AIDS Control Societies


(R S Gupta)
DDG(BTS)

o/c

A- Request Form for Inter Blood Bank Transfer of Blood/Components

Date:
Time:

To,

The Blood Bank I/C,
Name & Address of Blood Bank (Supplier)

Dear Sir/Madam

Please issue the following tested Blood Units/ Components as detailed below for use in Blood Bank at requisite temperature.

| S No | Blood Group | Whole Blood/ Components | No. of units required |
|------|-------------|-------------------------|-----------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

Name of I/C Blood Bank (Recipient)
Blood Bank Name & Contact Details
.....
With Signature & Seal

Receipt

1. Name of Supplier Blood Bank:-
2. Address :-
3. Phone Number:
4. License No. Valid upto:
5. RBTC: YES/NO

Received request dated as detailed above.

Signature of I/C Blood Bank (Supplier) with seal

Date:
Time:

Note: Fill two copies of this form. One signed copy of each to be retained in supplier blood bank and recipient blood bank.

B- Issue form for Inter Blood Bank Transfer of Blood/Components

Date:
Time:

To,

The Blood Bank I/C,
Name & Address of Blood Bank (Recipient)

Dear Sir/Madam,

The following units of Blood / Components are issued for use in your Blood Bank as per request dated..... It is certified that all units detailed below are tested and found non-reactive for TTI (Syphilis, Malaria, HIV, HBV, HCV) and are being transported in requisite temperature

| S.No | Blood Unit No. | Blood Group | WB / Comp | Date of Collection | Date of Expiry | Status of Testing | | | | | Date of Testing | Segment No. |
|------|----------------|-------------|-----------|--------------------|----------------|-------------------|---------|-----|-----|-----|-----------------|-------------|
| | | | | | | Syphilis | Malaria | HIV | HBV | HCV | | |
| 1 | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | |

Name of I/C Blood Bank (Supplier)
Blood Bank Name & Contact Details
.....
With Signature & Seal

Receipt

1. Name of Recipient Blood Bank:-
2. Address :-
3. Phone Number:
4. License No. Valid upto
5. RBTC NO. Yes/No

Received Blood and Blood Components as detailed above.

Signature of I/C Blood Bank (Recipient) with seal

Date:
Time:

Note: Fill two copies of this form. One signed copy of each to be retained in supplier blood bank and recipient blood bank.