

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 |
|--|---------|----------|----------|------------------------|-----------------------------|----------------------------|
| Blood Bank Govt. medical college & Hospital, Latur | bb 145 | Latur | BCSV | 28/971 31.12.2017 | DR. U.S. Kanade | 0 |

B) Numbers of Staff Working

| Blood Transfusion Officer (B.T.O.) | Technical Supervisor | Technician | MSW/PRO | Staff Nurse |
|------------------------------------|----------------------|------------|---------|-------------|
| 05 | 01 | 03 | 03 | 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 |
| 47 | 1847 | - | 1847 | 1140 | 798 | - | 637 | - |

D) Bulk Transfer of Blood Units

| Whole Blood & Component | Whole Blood | RBC | Platelets | FFP | CRYO |
|---------------------------------------|-------------|-----|-----------|-----|------|
| Units received from other blood bank | 0 | 0 | 0 | 0 | 0 |
| Units transferred to other blood bank | 0 | 0 | 0 | 0 | 0 |

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

| TTD +ve | Expired | Hemolysed | Other | Total |
|---------|---------|-----------|-------|-------|
| 30 | 33 | 04 | 51 | 118 |

(Signature)
B.T.O.
Blood Bank
GMC & GH
Latur

(Signature)
Incharge Blood Bank
(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 | Govt. medical college & hospital Latur. | SBTC ID | bb145 | District | Latur | Category | BCSU |
|--------------------|--|---------|-------|----------|-------|----------|------|

A) Processing charges (Basic) in Rs.

| Whole Blood | RBC | Platelets | FFP | CRYO | SDP |
|-------------|-----|-----------|-----|------|-----|
| 500 | 500 | 500 | 500 | 200 | NA |

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 | NA | NA | NA | NA | NA |

C) Charges of specialized Component specific test in Rs.

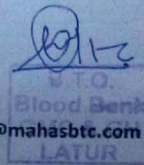
| Leuco filtration | | Blood Grouping and Cross Matching | | | Phenotyping for extended Serology | Irradiation | Bacterial Detection |
|------------------|-----------|-----------------------------------|-----------------|---------------|-----------------------------------|-------------|---------------------|
| Red Cells | Platelets | Automation | Semi Automation | Both together | | | |
| NA | NA | NA | 00R. | - | NA | NA | NA |

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

| Red Cells | Platelets | Plasma |
|-----------|-----------|--------|
| NA | NA | NA |

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

| Whole Blood | RBC | Platelets | FFP | CRYO | SDP |
|-------------|-----|-----------|-----|------|-----|
| NA | NA | NA | NA | NA | NA |



Moulika
Incharge Blood Bank
(Signature & Stamp)