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 |
|--|---------|----------|----------|---------------------------|--------------------------------|----------------------------------|
| Pine chest and Genral Hospital Aundh Pine - 27. | bb 086 | punc | MGS | 31112)17 | Dr. C.G. Kolale. | 1100 |

B) Numbers of Staff Working

| Blood Transfusion Officer (B.T.O.) | Technical Supervisor | Technician | MSW/PRO | Staff Nurse |
|------------------------------------|----------------------|------------|---------|-------------|
| 01 | 01 | 03 | 02 | 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 | |
| 12 | 100% | 1,10 | 540 | .505 | - | - | | _ | |

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 | 39 | _ | _ | | |

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

| TTD +ve | Expired | Hemolysed | Other | Total |
|---------|---------|-----------|-------|-------|
| 07. | 15 | N; 1 | 06 | 28 |

Incharge Blood Banker Blood Transfusion Officer District Hrespitate Puble

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

| Name of Blood Bank | Pune chest and General Hospital Aundh Pune-27 | SBTC ID bb 086 | District Pune | Category 1965 |
|--------------------|---|----------------|---------------|---------------|

A) Processing charges (Basic) in Rs.

| Whole Blood | RBC | Platelets | FFP | CRYO . | SDP |
|-------------|-----|-----------|-----|--------|------------|
| 850/- | | | _ | | - C- 6: As |

B) Charges of specialized test per Whole Blood unit in Rs.

| NAT | Chemiluminscence | I\ | IV Generation Elisa | | | Antihadu savanina (Dana | |
|------|------------------|-----|---------------------|-----|----------|----------------------------|--|
| IVAT | Chemiluminscence | HIV | HBs Ag | HCV | Anti HBc | Antibody screening (Donor) | |
| | - | | | | | | |

C) Charges of specialized Component specific test in Rs.

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

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