

Blood Bank Information: 01/01/2019 to 30/06/2019

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 |
|---|---------|----------|----------|------------------------|-----------------------------|----------------------------|
| ICON BLOOD BANK ICON HOSP. KEDIYA PLOTS, AKOLA | bb 359 | AKOLA | Transf | AMD/BB/24/2018 | DR. REKHA AGRAWAL | — |

B) Numbers of Staff Working

| Blood Transfusion Officer (B.T.O.) | Technical Supervisor | Technician | MSW/PRO | Staff Nurse |
|------------------------------------|----------------------|------------|---------|-------------|
| 02 | 01 | 02 | 01 | 02 |

C) Blood Collection and Utilisation (01/01/2019 to 30/06/2019)

| Total Blood Collection | | | | Total Blood Utilisation | | | | |
|------------------------|-----------|-------------|-------|-------------------------|-----|-----------|-----|------|
| No. of Camps | Voluntary | Replacement | Total | Whole Blood | RBC | Platelets | FFP | CRYO |
| 04 | 114 | 65 | 179 | 06 | 302 | 30 | 254 | - |

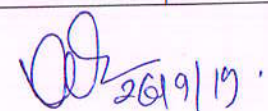
D) Bulk Transfer of Blood Units

| Whole Blood & Component | Whole Blood | RBC | Platelets | FFP | CRYO |
|---------------------------------------|-------------|-----|-----------|-----|------|
| Units received from other blood bank | - | 109 | - | 119 | - |
| Units transferred to other blood bank | - | - | - | - | - |

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

| TTD +ve | Expired | Hemolysed | Other | Total |
|---------|---------|-----------|-------|-------|
| 02 | 06 | — | — | 08 |

ICON BLOOD BANK
AKOLA ICON HOSPITAL,
Kedia Plots, AKOLA


 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 | ICON BLOOD BANK | SBTC ID | bb359 | District | AKOLA | Category | |
|--------------------|-----------------|---------|-------|----------|-------|----------|--|

A) Processing Charges (Basic) in Rs.

| Whole Blood | RBC | Platelets | FFP | CRYO | SDP |
|-------------|------|-----------|-----|------|-----|
| 1450 | 1450 | 400 | 400 | - | - |

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 | | |
| - | - | 50 | - | - | - | 100 |

C) Charges of Specialized Component specific test in Rs.

| Leucocyte filtration | | Blood Grouping and Cross Matching | | | Phenotyping for extended Serology | Irradiation | Bacterial Detection |
|----------------------|-----------|-----------------------------------|-----------------|---------------|-----------------------------------|-------------|---------------------|
| Red Cells | Platelets | Automation | Semi Automation | Both together | | | |
| - | - | - | 100 | - | - | - | - |

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

ICON BLOOD BANK
AKOLA ICON HOSPITAL,
Kedia Plots, AKOLA

[Signature]
26/9/19
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)