SBTC राज्य रक्त संक्रमण परिषद
State Blood Transfusion Council

राज्य रक्त संक्रमण परिषद

महाराष्ट्र शासन

रविंद्र अँनेक्स, ५ वा मजला, दिनशाँ वाच्छा रोड, १९४ चर्चगेट रिक्लेमेशन, मुंबई - ४०० ०२०
टेलि- ०२२-२२८३०२१६ फॅक्स - ०२२-२२८५४९८१ इमेल - sbtc@mahasbtc.com

क्र.रा.र.सं.प/दरपत्रक/रक्त संकलन अहवाल/२०२१ /028
दिनांक 06.01.2021

प्रति

विषयः मासिक रक्त संकलन अहवाल छपाई करणेबाबत

राज्यामध्ये एकूण ३४४ परवानाधारक व नोंदणीकृत रक्तकेंद्र कार्यरत आहेत. रक्त संकलन, रक्ताची तपासणी व त्यांचे वितरण परवानाधारक रक्तकेंद्रामार्फत केले जाते. तसेच राष्ट्रीय आरोग्य अभियान अंतर्गत रक्त साठवणूक केंद्र कार्यान्वित आहेत.

२. राज्यातील कार्यरत असलेल्या नोंदणीकृत व परवानाधारक रक्तपेढ्यांचे व रक्त साठवणूक केंद्रांचे रक्त संकलन, तपासणी व वाटपाविषयी माहित संकलित करण्यासाठी खाली नमुद केल्याप्रमाणे मासिक रक्त संकलन अहवाल व रक्त साठवणूक केंद्र मासिक अहवाल छपाई करून घेण्यासाठी दरपत्रके मागविण्यात येत आहेत. (सोबत नमुना जोडला आहे)

अ. क्र	नाव	तपशील	छपाईची एकूण संख्या
१	रक्तपेढी मासिक रक्त संकलन अहवाल	प्रत्येक पुस्तकात २६ पृष्ठे (पिवळा व पांढरा) असून पहिले व शेवटचे पण कव्हर स्वरूपात (निळा) ए ३	३५०
२.	रक्त साठवणूक केंद्र मासिक अहवाल	प्रत्येक पुस्तकात २६ पृष्ठे (निळा व पांढरा) असून पहिले व शेवटचे पण कव्हर स्वरूपात (निळा) ए ४	१७५

३. वरील मासिक रक्त संकलन अहवाल व रक्त साठवणूक केंद्र मासिक अहवाल नमुना अहवाल राज्य रक्त संक्रमण परिषद कार्यालयात पाहण्यासाठी उपलब्ध आहेत.

४. दरपत्रकाच्या अटी व शर्ती खालील प्रमाणे राहतील.

(१) छपाईचे दर सर्व करांसहीत असावेत.

(२) छपाई केलेल्या पुस्तकांची पोच राज्य रक्त संक्रमण परिषद कार्यालयात संबधित एजन्सीने मोफत करण्यात यावी.

(३) नमुना मान्य केल्यानंतर ७ दिवसांच्या आत छपाई केलेल्या पुस्तकाची पोच द्यावी लागेल. विहित वेळेत पोच न मिळाल्यास नियमाप्रमाणे विलंब शुल्क आकारण्यात येईल.

(४) छपाई केलेल्या पुस्तकांची पोच मिळाल्यानंतर व देयक सादर केल्यानंतर देयक एक महिन्याच्या कालावधीमध्ये अदा करण्यात येईल.

५. आपणास कळविण्यात येते की, वर उल्लेखित आपली दरपत्रके सील बंद पाकीटामध्ये या कार्यालयास तात्काळ दिनांक १५.०१.२०२१ पर्यंत दुपारी ३.०० वाजेपर्यंत समक्ष अथवा रजिस्टर पोस्टाने पाठवावे. सदरची दरपत्रकांची सुचना या कार्यालयाच्या www.mahasbtc.org संकेतस्थळावर आहेत.

06.01.2021

(डॉ. अरुण शं थोरात)
सहा.संचालक
राज्य रक्त संक्रमण परिषद, मुंबई

SBTC

महाराष्ट्र राज्य रक्त संक्रमण परिषद

State Blood Transfusion Council

STATE BLOOD TRANSFUSION COUNCIL

Monthly Blood Bank Report Book

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Address for correspondence

State Blood Transfusion Council, Maharashtra State
Ravindra Annexe, 5th Floor, Dinshaw Vachha Road,
194, Churchgate Reclamation, Mumbai - 400 020
Tel.No.: 022-22830216, Fax : 022-22854981
E-mail : sbtc@mahasbtc.com

Monthly Blood Bank Report - 2019

www.mahasbtc.com

(FORM - A)

Month	

I) BLOOD BANK DETAILS

Blood Bank Name				SBTC Reg. No.	bb
District		Categeory		FDA Lic. No.	
Address				Validity upto	
Place		Taluka			
Based (✓)	Hospital	Stand Alone			

Facilities Available (✓)				
BCSU	Yes	No		
Apheresis	Yes	No		
NAT	Yes	No	ID	Pool
RBTC	Yes	No		
NACO Assisted	Yes	No		

II) BLOOD UNITS COLLECTION

Voluntary Blood Donation Camps Organised During Month	

Voluntary Blood Collection						Replacement Blood Collection			Total Blood Collection (Vol. & Replace)		
Camps			Blood Bank								
Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total

III) SCREENING (TESTING) OF BLOOD UNITS

Sr. No.	Tests	Voluntry Blood Collection						Replacement Blood Collection						Total Blood Collection (Vol. & Replace)					
		Tested			Positive			Tested			Positive			Tested			Positive		
		Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
1	HIV																		
2	Hepatitis-B																		
3	Hepatitis-C																		
4	Syphilis																		
5	Malaria																		

IV) BLOOD & BLOOD COMPONENT UTILIZATION AND DISCARD

A) Utilised Blood & Blood Component Units

Sr. No.	Name of Component	Opening Stock	Kept as whole blood/Component Prepared	Issued to attached hospital	Issued to other Hospitals / Nursing Homes	Total Used	Bulk Transfer of Blood & Blood Component Units						Units of Plasma Transferred to Fractionator	Closing Stock
							Received from other Blood Banks			Transferred to other Blood Banks				
							Govt.	Non Govt.	Total	Govt.	Non Govt.	Total		
1	Whole Blood													
2	RBC Concentrate (Packed Cell Volume)													
3	Platelet Concentrate													
	a) Random Donor Platelet (RDP - Whole Blood)													
	b) Single Donor Platelet (SDP - Apheresis)													
4	Plasma													
	a) Fresh Frozen Plasma													
	b) Liquid Plasma													
5	Cryoprecipitated													
6	Other (Specify)													

B) Discarded Blood & Blood Component Units

Sr. No.	Name of Component	TTD +	Expired	Other										Grand Total
				Leakage	Less Quantity	Clotting	Discoloration	Lipaemic	Hemolysed	Icteric	RBC Contamanation	Other	Total	
1	Whole Blood													
2	RBC Concentrate (Packed Cell Volume)													
3	Platelet Concentrate													
	a) Random Donor Platelet (RDP - Whole Blood)													
	b) Single Donor Platelet (SDP - Apheresis)													
4	Plasma													
	a) Fresh Frozen Plasma													
	b) Liquid Plasma													
5	Cryoprecipitated													
6	Other (Specify)													

V) COUNSELING

Number of Donors Counselled		
Number of Donor Refered to (For further Investigation & treatment)	ICTC for HIV	
	Gastroentologist / Physician for HBV & HCV	
	STD Clinic for VDRL	
	Physician for Malaria	

VI)

Number of Blood Storage Centre's under Blood Bank	
Number of Blood Bag issued to Blood Storage Centre	

Free Blood bags issued to Thalassemia/Haemophilia/Sickle cell anaemia patients & Any other Blood dyscrasia requiring repeated blood transfusions.	
Number of Blood bags issued against Voluntary Blood Donation Cards	

Sign. of I/C Blood Bank with Stamp

(Name :)

Note : 1) Update daily stock position on web site & update monthly report upto dated 5th every month.
2) Please notify any changes in telephone Nos., Fax, E-mail Id & Name of Blood Transfusion officer

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www.mahasbtc.com

(FORM - A)

Month	

I) BLOOD BANK DETAILS

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District		Categeory		FDA Lic. No.	
Address				Validity upto	
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Based (✓)	Hospital	Stand Alone			

Facilities Available (✓)				
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Voluntary Blood Collection						Replacement Blood Collection			Total Blood Collection (Vol. & Replace)		
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Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total

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Sr. No.	Tests	Voluntry Blood Collection						Replacement Blood Collection						Total Blood Collection (Vol. & Replace)					
		Tested			Positive			Tested			Positive			Tested			Positive		
		Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
1	HIV																		
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6	Other (Specify)													

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6	Other (Specify)													

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Number of Donor Refered to (For further Investigation & treatment)	ICTC for HIV	
	Gastroentologist / Physician for HBV & HCV	
	STD Clinic for VDRL	
	Physician for Malaria	

VI)

Number of Blood Storage Centre's under Blood Bank	
Number of Blood Bag issued to Blood Storage Centre	

Free Blood bags issued to Thalassemia/Haemophilia/Sickle cell anaemia patients & Any other Blood dyscrasia requiring repeated blood transfusions.	
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Sign. of I/C Blood Bank with Stamp

(Name :)

Note : 1) Update daily stock position on web site & update monthly report upto dated 5th every month.
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SBTC

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E-mail : sbtc@mahasbtc.com

Form : (B)	MONTHLY BLOOD STORAGE CENTRE REPORT - 2019

NAME OF MOTHER BLOOD BANK :		DISTRICT:		SBTC ID :bb	FDA Lic. No.:	Month :

SR. NO.	NAME OF BLOOD STORAGE CENTRE, CONTACT PERSON & PHONE NO.	FDA Lic. No. & Validity	BLOOD UNITS SUPPLIED FROM BLOOD BANK TO BLOOD STORAGE CENTRE									BLOOD UNITS ISSUED FROM BLOOD STORAGE CENTRE							Total Blood Units Utilised	Blood Units Discarded	Reason for Discard
			A +ve	B +ve	AB +ve	O +ve	A -ve	B -ve	AB -ve	O -ve	Total Blood Units Supplied	Obstetrics & Gynaec	Pediatrics	Thalassemia, Haemophilia, Sickle cell A. & Blood Related Diseases	Anemia	Surgery	Accident	Other			

Sign. Of I/C Blood Bank with Stamp

Form : (B)

MONTHLY BLOOD STORAGE CENTRE REPORT - 2019

NAME OF MOTHER BLOOD BANK :		DISTRICT:		SBTC ID :bb	FDA Lic. No.:	Month :

SR. NO.	NAME OF BLOOD STORAGE CENTRE, CONTACT PERSON & PHONE NO.	FDA Lic. No. & Validity	BLOOD UNITS SUPPLIED FROM BLOOD BANK TO BLOOD STORAGE CENTRE									BLOOD UNITS ISSUED FROM BLOOD STORAGE CENTRE							Total Blood Units Utilised	Blood Units Discarded	Reason for Discard
			A +ve	B +ve	AB +ve	O +ve	A -ve	B -ve	AB -ve	O -ve	Total Blood Units Supplied	Obstetrics & Gynaec	Pediatrics	Thalassemia, Haemophilia, Sickle cell A. & Blood Related Diseases	Anemia	Surgery	Accident	Other			

Sign. Of I/C Blood Bank with Stamp
(Name:)