

**FORM FOR BLOOD COMPONENTS AT BLOOD BANK**

Document No: JIP/TM-BB/Issue/1/2013/2

All forms to be accompanied with the same patient's blood sample in an EDTA test tube bearing a gum pasted label with the patient's name, hospital number and signed by physician filling this form

<b>FOR BLOOD BANK USE ONLY</b>		Sample Sr. No:		Date:		<b>PATIENT IDENTITY INFORMATION</b>			
		Lab. No:		Time:		Patient's name:			
<b>PATIENT BLOOD GROUP</b>						Hospital No.:			
	Anti A	Anti A <sub>1</sub>	Anti B	Anti D	Group	Age/Sex:			
Patient cell						Unit/Ward:			
						Diagnosis:			
	A cell	B cell	O cell	ICT		<b>RELEVANT CLINICAL INFORMATION</b>			
Patient serum						Reason for Transfusion			
						Wt of patient (approx.) in Kg			
						h/o transfusion in 3 months (when & what component)			
Done			Final interpretation			h/o transfusion reaction (encircle)		Yes / No	

<b>For each component please indicate</b>										
<b>Left side-</b> Investigation result supporting the reason for transfusion					<b>Right side-</b> Number of units required for transfusion					
<b>Cryo ppt.</b>		<b>Platelet conc.</b>		<b>SDP</b>		<b>CPP</b>		<b>FFP</b>		<b>Red Cell conc.</b>

Preferred Donation Time	Type of crossmatch	Minimum time for issue	<b>RISK OF</b>	Form cancelled after	When needed (encircle OR √)
<b>BY</b> next day	<b>NOT DONE</b>	5 to 15 min	Wrong group & Incompatibility	2 hrs	<b>EMERGENCY</b>
<b>WITH</b> the request	Saline crossmatch IgM tested for	2 hours	Incompatibility	8 hrs	<b>URGENT</b>
<b>BEFORE</b> sending this form	COOMBS Xmatch IgM & IgG tested for	12 hours	Alloantibody formation to non ABO antigens	48 hrs	<b>ELECTIVE</b>
Use this option when the likelihood for transfusion is <b>NEGLIGIBLE</b> . This option is used <b>ONLY</b> to ascertain if the patient has a rare blood group. <b>EMERGENCY PROTOCOL WITH GROUP CONFIRMATION</b> & valid for 48hrs.					<b>GROUP &amp; SCREEN</b>

SPACE FOR COMMUNICATION

BETWEEN BLOOD BANK & TREATING PHYSICIAN

Component: Available / Not available

I certify that I have personally collected the patient's blood sample and labeled it. I also understand the risks associated with blood transfusion but still feel that it is necessary to support the patient with blood transfusion. I further assure that the transfusion will adhere to the protocols of the blood bank of JIPMER, Puducherry.

Signature with name in block letters (treating physician)  
 Unit Head (name):  
 Date and time:  
 Contact / Extn. No.:

**SUPPORT & ENCOURAGE VOLUNTARY BLOOD DONATION**

**WARNING: Blood Transfusion is associated with risk of Transfusion Transmissible Infections because of donors in window period**

**WARNING: Check immunology status and expiry date before issuing blood components**

Pt's Blood Group:

Patient Name:

Hospital No:

Lab No.

Issue No.	Unit No. Segment No.	Blood group	Red cell crossmatch			Plasma	Platelet	Crossmatch		Issued by
			Neutral / group specific	Saline	AHG			Done by	Checked by	

**Sample Sr. No:**

**FORM FOR INVESTIGATIONS AT BLOOD BANK**

**Lab No:**

Form to be sent with the same patient's blood sample in a test tube bearing a gum pasted label with the patient's name, hospital number & sign by physician filling the form

Diagnosis with short clinical history								
Patient's Name		Hosp. No.		Age / Sex		Unit / Ward		

**Please indicate the test(s) required by encircling OR √ below**

Blood Group	Rh phenotype	Extended phenotype	DCT	ICT	Antibody screening	Antibody identification	Cold agglutinin	Saliva group	Secretor status
EDTA sample (3 ml)				Serum / Plasma sample (5 ml)				Collect in person	

Use the space in the table above to give additional clinical history / enter results.

Date & Signature of treating physician