

HOLY FAMILY HOSPITAL BLOOD BANK

St. Andrew's Road, Bandra West, Mumbai-400050

Phone: 022 30610300 / 30610555

License No.: 13 – 28 C

BLOOD REQUISITION FORM

Nursing Home/Hospitals Name: _____

Patient's Name: _____

(In Full)

Patient's Reg. No. _____ Age : _____ Sex: _____

Doctor In charge: _____

Ward/ Bed No : _____

Short clinical notes:

History of Previous Transfusion: _____

If yes, ABO group: _____ Rh: _____

Reaction if any, _____

Reactions if any: _____

If patient a woman, has she ever been pregnant: Yes / No _____

Kindly Cross match & Reserve / Issue _____ units of Whole Blood / Packed Cells / Cryoprecipitate / Platelet Concentrate / Saline washed Packed Cells / Fresh Frozen Plasma

No. of units required: _____ on _____ at _____

Date: _____ Time: _____

Signature of the Medical Officer
with Designation & Stamp of Nursing Home/Hospital

Instructions

1. Send 5ml of patient's blood in plain bulb & 3ml in EDTA. In new born up to 6 months of age send mother's sample also. The label on the sample should have the patient's name / Reg. No. , hospital / nursing home's name.
2. Incompletely filled requisition form or an improperly labeled sample will not be accepted.
3. Blood & its products must be taken when required for definite use. Blood & its products once issued will not be taken back.
4. For routine cross match blood will be issued after about 3 hours of receiving requisition & blood samples. In cases of dire emergency blood may be issued after an immediate spin cross match (incomplete cross match) only if the requirement is justified & a written consent from treating clinician available.
5. Cross matched blood unit will be kept reserved for 48 hours only.
6. Stamp of Hospital / Nursing home is a must.