

# LIONS BLOOD BANK AND RESEARCH FOUNDATION

DESIGNATED REGIONAL BLOOD TRANSFUSION CENTER

130, Marshalls Road, Egmore, Chennai - 600 008.

Tel : 28414949, 28414959, 28415959

## WHOLE BLOOD / COMPONENT REQUISITION FORM

Patient's Name : \_\_\_\_\_  
 Age : \_\_\_\_\_ Gender : Male / Female  
 ABO Group   
 Rh Type : Positive / Negative

Hospital Name : \_\_\_\_\_  
 Consultant / Dept : \_\_\_\_\_  
 Diagnosis : \_\_\_\_\_

Product Required	No. of Units	Date & Time	Indication	Degree of Urgency
Whole Blood				Desperate (Life saving)
Packed Cells				Urgent
Platelet				Surgery Date / Time
FFP				Others
Plasma				Reserve only Date / Time

### PLEASE TICK IN RELEVANT BOX AND FILL DETAILS AS REQUIRED

History of Previous transfusion : Yes  No  If yes, give details

History of Reactions to transfusion : Yes  No  If yes, give details

Previous pregnancy : Yes  No  If yes, give details

( If so, any evidence of haemolytic disease of the new born. (Still birth, Miscarriages, hydropsfoetalis, neonatal jaundice, neonatal anaemia or convulsions to be specified)

### PRE TRANSFUSION RELEVANT LAB INVESTIGATIONS

HB %  HAEMOTOCRIT/PCV  PLATELETS

- Please cross-match and issue
- Cross matching to be done and reserved

Cross matching to be done by us at our center. (Storage Centre)

Signature of Medical Officer

Medical Officer Name : \_\_\_\_\_ Hospital Seal (IF available) \_\_\_\_\_

Medical Officer Registration No. \_\_\_\_\_

## IMPORTANT INSTRUCTIONS :

1. With each request for blood, please send 2 ml of clotted blood sample and 2 ml of EDTA blood sample of the patient collected in a sterile labeled test tube or vacountainer. (Properly labeled and legibly written in block letters)
2. Deletions and alternations to be counter signed by the Medical Officer.
3. Please Note : Lysed sample is unacceptable for cross match.
4. Requisition forms should be signed by a Registered Medical Practitioner only.
5. Once the cross - matched blood is issued, it will not be accepted back, if returned unused.
6. Please check with Blood Bank regarding availability of blood before sending sample/attender)
7. Haste in cross matching, always compromises transfusion safety for which the ordering physician must assume responsibility.
8. If the patient sample in the Bank is more than 24 hours after the last issue fresh sample needs to be sent for the next order.
9. All reactions if any to be conveyed to the Blood Bank with written endorsement by the Medical Officer along with the blood or component bag and a fresh sample of patient's blood for investigation of transfusion reaction
10. When in doubt please call the blood bank for clarification. The blood bank is open round the clock.
11. Please observe Blood and Blood product recipients for 4 hours during and 24 hours after transfusion.
12. Stop transfusion immediately whenever any reaction occurs and inform blood bank.
13. platelets to be transfused within 4 hours from time of issue. Do not keep in refrigerator.
14. FFP after thawing must be transfused within 6 hours from time of issue or within 24 hours if kept between  $4^{\circ}\text{C} - 6^{\circ}\text{C}$

**LIONS BLOOD BANK & RESEARCH FOUNDATION** is a Public Charitable Trust established in 1984 by Lions clubs, the largest service organisation in the world. Donations to Lions Blood Bank is exempted under 35AC/80G of Income Tax Act. Permitted to receive foreign contribution under FCRA