

NAME & ADDRESS OF BLOOD BANK

Licence No.:- _____

**Aphaeresis Procedure
Register
(BD-6)**

Date : _____

Unit No: _____

Name of cell separator

Donor Information:**Patient Information:**

Name:	Name:
Age/ Gender:	Age/ Gender:
Weight : _____ Kg.:	Ward :
Predonation test results:	Registration No.:
Blood Group :	Blood Group :
Hb: _____ gm% Hct: _____ %	Clinical Diagnosis:
Platelet Count: _____ X10 ¹¹ / μl	Platelet Count: _____ X10 ¹¹ / μl

Kit Information:

	List/ Code No.	Single/ Double Needle	Lot No.	Expiry Date
Apheresis Kit				
Saline				
ACD				
Others				

Run Parameters:

Prime:	ACD Vol. Used: _____ ml
Procedure Start Time: _____ AM/ PM	Procedure End Time: _____ AM/ PM
Total Whole Blood Processed: _____ ml	Plasma Volume: _____ ml
Yield Set: _____ X 10 ¹¹ / μl	No. of Cycles:
ACD : WB Ratio:	ACD used:
Draw : R / L Hand	Remarks:

Product Information:

Platelet Count: _____ X 10 ¹¹ / μl	WBC Count: _____ X 10 ³ / μl
RBC Count: _____ X 10 ⁶ / μl	Volume: _____ ml
Ab titer: Anti A: Anti B:	

Procedure Operator's Name: _____ Signature: _____

Any adverse reaction during procedure.

Comments: _____
