



NAME & ADDRESS OF BLOOD BANK

BLOOD BANK EXTERNAL QUALITY ASSESSMENT SCHEME(BEQAS)

Licence No.:- _____

(GD-17)

Participating Code No.:-

Cycle:-

Month and Year:-

Date of receiving the sample:-

Date of processing

Date of receiving the report:

Sample # 1 – Transfusion Transmitted Disease (Serum/ Plasma Specimen) Methodology / Equipment:

Sr.No.	Parameter	Kit/ Lot No. / Expiry	Observed Value	Cut off Value	Result	Test performed by	Result of BEQAS	Score	Remarks (Acceptable/unsatisfactory)
1	HBsAg	Kit: Lot No.: Expiry date:							
2	Anti-HIV -1-2	Kit: Lot No.: Expiry date:							
3	Anti-HCV	Kit: Lot No.: Expiry date:							

Sample # 2 – Whole Blood in EDTA vial Methodology / Equipment :

Sr. No.	Parameter	Observed Value	Test performed by	Result of BEQAS	Score	Remarks (Acceptable/unsatisfactory)
4	Hemoglobin					
5	Hematocrit					

Corrective action if any: _____

Signature of QM: _____

Signature of I/C Medical Officer : _____