

NAME & ADDRESS OF BLOOD BANK

Licence No.:-



## BLOOD/BLOOD GROUPING REQUEST FORM (CM-1)

1. Please take care to identify the patient.
2. Please furnish all the details mentioned in Requisition form, otherwise it will not be accepted.
3. Please label the blood sample mentioning Name indoor Regd. No., Ward & Name of Unit doctor.
4. Requisition form and sample with discrepancy are unacceptable.
5. For exchange transfusion please send mother's sample.

Time : \_\_\_\_\_

Date : \_\_\_\_\_

Patient's Name:

Y M

Indoor Regd. No.:

Age :

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Sex :

M	F
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Clinical Diagnosis :

Ward \_\_\_\_\_ I/C Unit Dr. \_\_\_\_\_

Date & Name of Operative Procedure (if applicable) \_\_\_\_\_

1. Hb : \_\_\_\_\_ gm %    2. Platelet Count \_\_\_\_\_ / cmm

3. PT/PTT \_\_\_\_\_ Sec.    4. BP : \_\_\_\_\_ mmHg

Blood Group if known : \_\_\_\_\_

Any previous Transfusion history :

Any reaction to transfusion :

Any previous pregnancy with HDFN ( if applicable ) : \_\_\_\_\_

Type of Request

1. Only blood grouping.
2. Requirement of whole blood or blood component.
  - a. Routine    Date and Time : \_\_\_\_\_
  - b. Planned    Date and Time : \_\_\_\_\_
  - c. Emergency    Date and Time : \_\_\_\_\_

Indication for whole blood or Component transfusion \_\_\_\_\_

Request for Blood and Blood Component.

Type	WB	RBC	PC	FFP	CRYO	CPP	SPECIAL/ OTHERS
No.							

Informed consent for transfusion of blood has been taken with entry in indoor case paper. I have completely filled up this requisition form and blood sample is collected by me after verification of patient's identity:

SIGNATURE :

DOCTOR'S NAME :

DESIGNATION :