

NAME & ADDRESS OF BLOOD BANK

Licence No.:- _____

CLINICIAN'S FEEDBACK FORM

(GD-4)



Your details:

Name: _____ Unit/Speciality: _____

Qualification: _____ Designation: _____

Institution: SKH Any other (if Yes, than specify _____

Contact number: _____

Please use the space given below to tell us how we are doing.

| Sr. No. | Please tick according to the services you received | SCORE | | | | | |
|---|--|----------------|---------------|----------------|---------------|----------------|---------------|
| | | Excellent | | Good | | Unsatisfactory | |
| RESPONSE OF BLOOD BANK STAFF | | | | | | | |
| 1. | a) Courteous and helpful behavior | | | | | | |
| | b) Promptness | | | | | | |
| AVAILABILITY OF BLOOD/COMPONENTS | | | | | | | |
| 2. | a) When available | | | | | | |
| | b) Made available when out of stock | | | | | | |
| TURN AROUND TIME | | Routine | Urgent | Routine | Urgent | Routine | Urgent |
| 3. | a) Whole Blood | | | | | | |
| | b) Red Blood Corpuscles | | | | | | |
| | c) Platelets | | | | | | |
| | d) Cryoprecipitate AHF | | | | | | |
| | e) Fresh Frozen Plasma | | | | | | |
| | f) Plasma Cryoprecipitate Reduced (CPP) | | | | | | |
| 4. | RESPONSE IN CASE OF SUSPECTED BTR(Blood Transfusion Reaction) | | | | | | |
| 5. | ADVISORY SERVICES OFFERED | | | | | | |
| 6. | OVERALL SATISFACTION | | | | | | |

Suggestions for improvement:

Date:

Signature:

**THANK YOU FOR YOUR FEEDBACK AND FOR HELPING US.
 [FOR USE IN BLOOD BANK ONLY]**

Reviewed by: Head BB, / QM BB

Signature _____

Action taken / Proposed action by the Blood Bank: