

**Check list for Trust Run hospital base / without hospital for Out Door Blood
Donation application**

A. The Merit of Trust running the Blood Bank

1. Copy of trust Registration certificate, trust deed and memoranda of article approved by charity commissioner at the time of registration.

If there is any modification / change, kindly provide all change approved by charity commissioner.
2. List of trustee with full name with surname, residential address, occupation, social background **when the trust was registered. (Table-1)**
3. If any Addition/Deletion in trust after its registration, please provide the detail of it.
4. Kindly provide full detail of present trustee with full name, residential address, Blood relation with other trustee, Qualification, occupation, social background, affiliation with other trust and its activity.
5. If trust is more than 5 years old, kindly provide last 5 years Annual Reports, along with the audit statements of Chartered Accounts.
6. Kindly provide publically appreciable/noticeable charitable activities related to health including promotion of voluntary blood donation with public/NGO run blood bank before establishing its own blood bank.
7. Kindly provide self-declaration on trust letter pad by all the members stating that there are no pending trial cases in the court of law against them and not be convicted earlier under any criminal laws. **(Annexure -1)**
8. Do you have any responsible Government Official (like District Collector / Civil Surgeon etc.) in the Trust / Board of Directors as Ex Officio member? **(Table-2)**

9. Kindly provide No. of In house blood donation camps organised with date, Name and contact No. Of camp organization and No. Of Blood Units collected. (Detail of last 2 years) **(Table-3)**
10. Kindly provide your detail note for motive & justification for seeking the permission for outdoor blood donation camp and submit documentary proof that management / trust is competent for promotional activity for increasing the awareness about blood donation among the potential blood donors who have not donated the blood until (i.e. First time Blood donor) so as to expand the voluntary non-remunerated regular donor base for organising blood donation camp regularly in an area.

B. The merit of Blood Bank run by the Trust

11. **Kindly provide following details**
 - a. License no. of Blood Bank :
 - b. License validity :
 - c. License copy for Blood Component Separation.
 - d. Copy of Blood Component product approved by FDCA.
 - e. No of inspection and License copy of FDCA / CDSCO / DCGI (licensing authority) has given all from time of blood bank beginning to till date.
 - f. Please provide any show cause notice or adverse remarks given by FDCA / CDSCO / DCGI (licensing authority) till date.
12. Please provide Information on service charge for supply of blood & Blood components as per **Table-4**.
13. Please provide the Organogram of Blood Bank.
14. Please provide the following documents;
 - a. Quality Policy
 - b. Quality Manual
 - c. List of SOPs
 - d. List of Records / documents (forms, registers, labels)

15. Please provide detail of manpower with Name, Qualification, Post, training taken for running Blood Bank.
16. Please provide the detail of training/CME conducted by your Blood Bank till date.
17. Please provide following details;
 - a. Component utilization of last 2 year data. (Total collection, whole blood issued, whole blood used for component preparation) **(Table-5)**
 - b. Total Blood Units collected per year in the last two years. (Total collection, Replacement donation, % of replacement, Voluntary donation, % of Voluntary donation) **(Table-6)**
 - c. Detail of Education and communication (IEC) activities undertaken to promote voluntary donation in the last two years. **(Table-7)**
 - d. No. of replacement donors, converted into voluntary donor during last two years.
 - e. List of hospitals with address to whom Blood & Blood Components were issued till date.
 - f. Details of Thalassemia/haemophilia/Sickle cell patients supported in appropriate quantity & quality of blood components regularly per year in last two years. **(Table-8,9,10)**
 - g. No. of donors post donation complication per year in last two years.
 - h. No. of adverse transfusion reaction per year in last two years.
 - i. Details of discarded units in last two years.
18. Please provide detail programme to expand the voluntary non-remunerated donor base by motivating & recruiting only the donors who have not donated the blood.
19. Please provide detail of Blood Bank Equipments Name, cost, Manufacturer, installation date, Under AMC/CMC, Working condition to conduct outdoor blood donation camp. **(Table-11)**
20. Please provide total detail of manpower with Name, Qualification, Post, training taken to conduct outdoor blood donation camp.(Furnish complete

detail with copy of qualification and training documents for each staff of blood bank as per **Table-12)**

- 21.** List of Blood Bank consumables procured in last 2 years. (**Table-13)**
- 22.** Provide the undertaking in your trust letter head that your voluntary blood collection in camps will be at par with percentage of Gujarat state within one year after receiving the permission and attach as **Annexure-2.**
- 23.** Details of Computer & internet facility available with Blood Bank.
 - Total no of computer system
 - Facility for data collection and storage (Blood Bank Software)
 - Internet connection available or not?
 - Facility inter department communication?
- 24.** Please provide action plan to procure mobile blood collection van within 1 year immediately after getting approval.
- 25.** Provide the undertaking
 - a. Your Blood Bank will support the Thalassameia/ Haemophilia/ Sickle Cell Anaemia patients of the surrounding area by providing blood transfusion services at free of cost (without any service charge) & without any condition of replacement
 - b. Your Blood Bank will also follow the guideline of Gujarat State Council of Blood Transfusion from time to time and attach as Annexure-3.
- 26.** Participation in External Quality Assurance Scheme under SRL. (Sample submission and feed back report received from SRL for last 4 quarters)

(Each Xerox copy or detail must be sign and stamp by Medical Director / Superintendent of organization / trust.)

Terms and Conditions

1. The GSCBT is competent & authorized to verify the capability of trust run blood bank for expanding the voluntary non-remunerated blood donor base by motivating & recruiting only the donors who have not donated the blood until.
2. The camp permitted blood bank should conduct the blood donation camp within the district. For medical college having IHBT Department, this territorial judicial will not apply.
3. The GSCBT is authorised to get the information from the applicant in a prescribed format.
4. The permission issued by GSCBT will be reviewed every 6 months for first year. The blood bank will apply for first year. The blood bank will apply for renewal of the permission for next year after the satisfactory performance of the blood bank. Then after permission for outdoor blood donation camp should be renewed at every two years.
5. The GSCBT is competent & authorised to monitor and inspect the outdoor blood donation camp activities by the blood bank.
6. The GSCBT is competent and authorised to withdraw the outdoor camp permission at any time.

Annexure

Table-1

Sr. No.	Full Name With Surname	Address	Occupation	Contact no	Role in Blood Bank Activities	Association with other trust and its activity

Table-2

Sr. No.	Name	Address	Designation	Contact no	Role in Blood Bank Activities

Table-3

Sr. No.	Date	Name of camp organisation	Name of organiser/Contact person, contact number	No of blood units collected

Table-4

Table-5

Sr. No.	Name of the Blood Bank	Rates for						Replacement guarantee deposit
		Whole blood	Blood Component	Rare blood group	Night Hours	Holidays	Emergency Charge	
1	At own hospital							
2	Govt. Hospital							
3	Charitable Hospital							
4	Private Hospitals/ Doctors							
5	Thalassameia							
6	Haemophilia							
7	Sickle cell patients							

Table-9 (Hemophilia)

Sr. No.	Name of patient	Age/sex	Blood group	Contact no	Address	No of transfusion till date	Interval between two transfusion

Table-10 (Sickle Cell Anemia)

Sr. No.	Name of patient	Age/sex	Blood group	Contact no	Address	No of transfusion till date	Interval between two transfusion

Table-11

Sr. No.	Name of equipment	Manufacturer	Approx cost	Installation date	Under AMC/CMC	Calibration status	Working condition

Table-12

Sr. No.	Full Name	Contact no	Qualification	Designation	Date of joining	Training taken or not?	Vaccination status

Table-13

Sr. No.	Name of item	Annual requirement	Approx cost