



SURAT RAKTADAN KENDRA & RESEARCH CENTRE

Reg. No. Gujarat 296, Surat. License No. GB/15 Public Trust Reg. No. F 218, Surat.

1ST FLOOR, KHATODARA HEALTH CENTRE, F.P. NO. - 127, T.P. NO.-1, UDHANA MAJURA,
HANUMAN INDUSTRIAL ESTATE, (BESIDES CHOSATH JOGANIO MATA'S TEMPLE)
UDHNA MAGDALLA ROAD, SURAT - 394210.

BLOOD REQUISITION FORM

F/CRA/01

To be used by SRKRC

Sample Received On..... at..... Pt. ID/Req. ID. :

Mode of Payment

No. of Units issued ABO & Rh Group

Units Issued On(1)..... at..... Sign

(2)..... at..... Sign

Component/Unit No./s

Receiver's Name :

To be filled by Doctor

Name

Middle Name

Surname

Patient's Name :

Age/Sex :

Doctor's Name :

Hb : g/dL

Hospital :

Regd. No. :

Diagnosis :

Ward No. :

(Write in Capital Letters)

Indication for Transfusion

H/O Transfusion

Reaction if any :

H/O Pregnancy

Gravida

HDN

UNITS

UNITS

UNITS

Whole Blood		Red Cell Concentrate		Platelet Concentrate	
Fresh Frozen Plasma		1. Packed Cells		1. RDP	
		2. Leuko reduced		2. Single Donor Platelet (Apheresis)	
Cryoprecipitate		3. Additive solution (SAGM or Adsol)		3. Leuko reduced Platelet	

Date of Requirement :

Time :

(Urgent / Routine)

Certify that I have personally collected the blood sample and checked the labels

STATUTORY WARNING

This unit of blood should only be transfused judiciously by a qualified doctor in a hospital where there are full facilities to treat the complications of blood transfusion.

Signature : Doctor

Name :

Stamp :

Blood Bank shall not be responsible for any untoward transfusion reaction.
It will be a responsibility of treating Physician.

P. T. O.

INSTRUCTIONS

1. Double check identity of the recipient. In case of discrepancy the sample will be retained till we receive the fresh sample.
2. Collect 5 ml of blood in a plain and 1 ml in EDTA vial.
3. Label the blood specimen with the recipient's full name by the bed side promptly after blood collection.
4. Request for blood for planned transfusion is acceptable on previous day.
5. Cross - matched blood units will be reserved for 3 days.
6. The Blood Unit once issued will not be accepted again under any circumstances.
7. Supply of blood for transfusion is subject to availability of the blood and priority of the recipient will be decided by the technical staff.
8. To facilitate re-allocation of cross matched units of blood of your recipient to the other patients, cancellation / postponement of transfusion should promptly be intimated to the Kendra.
9. Please check the unit of blood used for transfusion.
10. Monitor the transfusion carefully.