Received on	at	Signature
		(Name in Block Letters)

## INDIAN RED CROSS SOCIETY, BLOOD BANK

1, Red Cross Road, New Delhi-110 001 Phone: 23711551, 23716441-43 Ext. 334

Issue No	•
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## **BLOOD REQUISITION FORM**

## BEFORE FILLING UP THE FORM PLEASE FOLLOW THE INSTRUCTIONS GIVEN BELOW:

- 5 ml patient's blood in plain sterile test tube (12x100 mm), with stopper and properly labeled.
- 2. The Requisition Form must be completed in all respects.
- 3. All requests must accompany replacement of donors.
- 4. The indication for transfusion should be clearly mentioned.
- 5. To carry the blood/blood products the relative/patient's attendant should be instructed to bring thermocole container. It is advised that the hospital authorities themselves should arrange to collect blood rather than through the relatives attendants.
- 6. Requisitions for emergency requirements are accepted round the clock.
- 7. Requisition for routine demands accepted between 9:30 am to 1:30 pm and 2pm to 3 pm.
- 8. Rs. 500/- (Rs. Five hundred only) per bag will be charged for consumables, testing charge & service charge and there will be no charge for the blood or its components.
- 9. Blood will be issued after testing, which will take approximately 3 hrs.
- 10. Once the blood issued it will not be taken back.
- 11. Follow up condition of the patient after the transfusion should be informed to IRCS.

Patient's Name:(In capital letters)  Age:Sex: M/F Weight:kg  Father's /Husband Name:	FOR THE USE OF BLOOD BANK  Blood Group & Rh:			
Patients Regd. / Admn. No Ward	. Bed No			
Hospital NameDoct	or Incharge			
Clinical diagnosis with short history:				
Routine or Emergency (with justification)/Indicat History of Previous Transfusion <u>Yes No</u> Date:. Blood/Plasma/Platelets etc	ABO group Rh			
of new born baby (HDNB)/Still birth/ Miscarriage	Para			
Required Blood Unit Whole Blood Packed Cells	FFP Plasma Platelet conc			
No. of units Reqd.	on at			
Dated : Time:				
Name of the Referring Doctor				
Contact details (Hospital Phone No.)	(E-mail ID)			
Doctor's (Mobile No.)				

## FOR USE OF IRCS BLOOD BANK

NAME OF THE PATIENTAGE:SEX:										
PATIENT'S GROUP										
CF	ELL GR	_ GROUPING SERUM GROUPING						GROUP		
Anti-A Ar	nti-B	Anti-AB	Anti-D	A1 Cells	A2 Cells	B Cells	O Cells	ABO	Rh.(d)	
Antibody Screening in pts serum : In Saline In Alb/Enz/AHGS  Direct Coomb's Test on Patient's cells (if needed)										
Blood		Donor	's Bag	Majo	r For	or Minor For		Compatible		
Group	)	No		1gM	1gG	1gM	1gG	Yes	/No	
Remarks (i	ii ariy)							Crossmat		
Received							(Name		Letters) ed conc.	
Issued by(Full Signature) (Name in Block Letters)				Received by (Full Signature) (Name in Block Letters) Relationship						