

# Blood Storage Centre, AIIMS, Patna

## Requisition Form-Whole Blood/ Packed Red Blood Cell/ Component

\* 3-5ml Sample in plain vial and 2ml in EDTA vial & the vial(s) must be labelled with properly & clearly.  
 \*Requisition form and sample with discrepancy are UNACCEPTABLE.  
 \*This form will NOT be accepted if it is not signed or any section is left blank.

Patient's Name .....Evolko ID.....Age.....M/F  
 Diagnosis.....Faculty Incharge.....Ward.....  
 Blood Group (if known).....Rh.....

**Indication for Transfusion:**

( ) Bleed      ( ) Exchange transfusion\*(TSB value\_\_\_\_)      ( ) Trauma  
 ( ) Dialysis      ( ) Anaemia      ( ) Surgery      ( ) IUT  
 ( ) Burn

\*For exchange transfusion please send mother's sample also (3ml in plain vial)

**Pre- transfusion Hb:** \_\_\_\_\_ **gm/dl (If known).**

Quality of blood unit(s) required:

**PRBC** ( ), **FFP** ( ), **CRYO** ( ), **PLASMA** ( )

Previous Transfusion ( ) YES ( ) NO. Unit nos. \_\_\_\_\_

(If yes, please attach completely filled & duly signed reaction form) Adverse reaction, if any ( ) YES ( ) NO.

Certified that I have personally collected the blood sample after identification of Patient's Name, Evolko ID etc. I have explained the necessity of blood transfusion and the risks associated with it to patient/ relatives.

( ) **Routine** (AHG cross match technique)

Time.....AM/PM      Residents signature.....JR/SR.....

Date.....      Name.....Contact Number.....

**Space to be used by the Blood Storage Centre, AIIMS, Patna**

Received at .....AM/PM      Date.....Patient's Identification matched with sample/vial (YES/NO)

Signature of staff on Reception.....

Cell Grouping			
Anti A	Anti B	Anti AB	Anti D

Patient's Preliminary Blood Group: .....

Signature of Medical Technologist: .....

**Remark of Resident for the case:**

Signature/Date/Time\*.....

(\* Time is essential in cases put up for emergency cross match).

**\* Note: This Requisition form will not accepted in the outside AIIMS, Patna.**

## CROSS MATCH RECORD

Cell Grouping				Serum Grouping			Blood Group	
Anti A	Anti B	Anti AB	Anti D	A Cell	B Cell	O Cell	ABO	Rh(D)

**Auto Control: Positive/ Negative**

**For PRBC/WB**

SI. No	Blood Unit No	Blood Group (ABO & Rh)	Quantity of PRBC	Immediate spin Saline cross match at RT		AHG cross match (37°C)		Compatible	
				Major	Minor	Major	Minor	Yes	No

**For Component (s)**

SI No	Component Unit No	Tube No	Blood Group	Quantity	Type of Component (s)

**Date: -** \_\_\_/\_\_\_/\_\_\_

**Signature of Technologist** \_\_\_\_\_

**Time:-** \_\_\_:\_\_\_AM/PM

**Date: -** \_\_\_/\_\_\_/\_\_\_

**Signature of Medical Officer/SR on duty** \_\_\_\_\_

**Time:-** \_\_\_:\_\_\_AM/PM

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