
CONCENTRATED HUMAN RED BLOOD CORPUSCLES I.P.
GOVERNMENT OF WEST BENGAL
Tamluk District Hospital Blood Centre, Purba Medinipur
Licence No.- DL-191-MB/SAL/CLAA/WB
Mobile : 7548013388
Voluntary Donor / Replacement Donor
(Prepared from 350ml / 450ml of Whole Blood Plus 14% of anticoagulant CPDA Solution)
Volume : 310 ± 20ml or 35 ± 20 ml (with SAGM)
230 ± 20 ml or 250 ± 20 ml (without SAGM)
Unit No. TBC-25-335-29/PRBC
Date of Collection 29-03-25
Date of Expiry 02-05-25
PRBC
BLOOD GROUP
Rh D
B
+
POSITIVE
HIV-I & II Antibody : Non reactive HCV Antibody : Non-reactive HBsAg : Negative Atypical Antibody : Not Detected Malaria Test : Negative
VDRL : Non-reactive
Instruction : 1) Keep continuously at 2°C-6°C, 2) Cross-match before use, 3) Do not vent, 4) Do not add medication, 5) Shake gently before use, 6) Administer without warming, 7) Administer through sterile disposable transfusion set with filter, 8) Properly Identify intended recipient, 9) Check the Blood Group on the label & Recipient's Blood Group, 10) Don not use if there is visible evidence of deterioration, 11) Do not dispense without prescription.

Credit Card
ক্রেডিট পত্র

পশ্চিমবঙ্গ রাজ্য রক্ত সঞ্চালন পর্ষদ

No. MCH/ 32123 /24

Certified that Sri / Srimati ..... Samir Barua .....

Date ..30.10.24.....

Blood Unit No. ..... MEH-24-362-23 .....

রক্তদানের পর থেকে রক্তদানের এক বছর পর্যন্ত এই ক্রেডিট পত্রের বিনিময়ে তিনি এক ইউনিট রক্ত বিনামূল্যে পাইবার অধিকারী, যদি রোগীর প্রয়োজন মতো গ্রুপের রক্ত ব্লাড সেন্টারে মজুত থাকে। রক্ত নেওয়ার সময় রক্তদাতার সম্মতিসহ এই ক্রেডিট পত্রটি জমা দিতে হবে।

He / She is entitled to get one unit of blood free of cost (Subject to availability of that same group) against this credit card, upto one year from the date of donation.

This card is to be submitted along with the donor's consent at the time of supply of blood.

Medical Officer
IHBT, Blood Centre,
MCH, Kol-73

Signature of Camp In-charge
(With Stamp)

Haldia S.D. Hospital Blood Centre
Basudevpur, P.O.-Khanganchak
Licence No. - DL-24MB/SLA/CLAA/W.B.

REPORT OF CROSS-MATCH/COMPONENT ISSUE FORM

Date & Time 07/04/2025 12:40 PM

Req. No 07425-1 Patient's Name RABIYA BIBI

Age(Year) 25 Y Age(Month) 0 Age(Days) 0 Sex Female

Blood Group B Rh +(Pos) Physion Name DR. A. DAS

Ward/Unit F Reg. No 05/25 Bed No 4

Hospital/Clinic Name BINODINI MATRI SEBA SADAN

Sl.No.	Unit No.	Blood Group	Date of Collection	Date of Expiry	Test	Segment No.	Remarks
1	TBC-25-335-29/PRBC	B+	29/03/2025	02/05/2025	Saline	FD743176	Compatible

[Anti- HIV, 1 & 2, Anti-HCV, HBsAg, RPR. -All Non-Reactive, M.P.-Not Found And Compatible]

Blood/Component Supplied as per sample sent along with the Requisition and /or as mentioned blood group in requisition.

Note :

Remarks From Cross Match :

Signature of Medical Technologist / M.O..... 07/04/25

Full Name of Medical Technologist / M.O.....

M.T. (Lab.)
Haldia Blood Centre
Haldia SDH
Purba Medinipur

NB:-A (1) Conc. RBC, (2)FFP (3)PLATELET CONC., (4)CRYO Ppt., (5)SDP, (6)PRP, (7)FP-All should be transfused IMMEDIATELY once, issued from Blood Bank and transfuion should be complete with in 4 hours

B. Always use static transfusion set during transfusion.

C. Blood group of the patient must be mentioned in every requisition who had previously received transfusion.

Fresh blood transfusion is not Advisable.
Prescribe Blood Components instead of Whole Blood.

Adverse Transfusion Reaction Report
(In case of adverse transfusion reaction in the bag with giving set should be send immediately to the blood bank along with details of reaction and fresh sample of the patient in EDTA Á plain vial)

Patients's Name ..... Adm/Reg. No ..... Hospital Name ..... Blood Bag No. ..... Name of the Product ..... Date ..... Time of Start ..... AM/PM Stopped at ..... AM/PM Rate of transfusion ..... Min
Transfused .....ml(approx.)

In case of suspected transfusion reaction, please send 3ml post transfusion EDTA sample from the patient and the remaining blood bag along with this form.

VITALS	BEFORE REACTION (Time:)	AFTER REACTION (Time:)	POST REACTION (Time:)
Temp.			
Pluse			
BP			
PR			

Chill	Fall in B.P.	Anaphlylactic reaction	Temperature	Back Pain
Olliguria/Anuria	Chest Pain	Dyspnoea	Haemoglobinuria	UrticariaShock

Any Other..... of Medical Officer

Date & Time.....

Signature

Designation

See Instruction Overleaf

Haldia Sub-divisional Hospital Blood Centre

Basudevpur, Furba Medinipur, Pin No.- 721602

Licence No.- DL-24 MB / SLA / CLAA / W.B.

ISSUE REGISTER OF BLOOD

SL. NO.	DATE & TIME OF ISSUE	BAG SERIAL NO.	ABO / Rh GROUPING	TOTAL QTY. IN ml.	NAME & ADDRESS OF RECIEPIENT	GROUP OF RECIEPIENT	UNIT / INSTITU-TION	DETAILS OF CROSS MATCHING REPORT	INDICATION FOR TRANSFUSION
05925 6	05-04-25 3PM	TBC-25-324-23/PRBC	A+ve	235ml.	Firoj Ahammed	A+ve	HSDH	No Agg	Thal
7	" 2Pm	TBC-25-335-21/FFP	AB+ve	232ml	Sonali Khatua	AB+ve	M N H	"	Menorrhagia
8	"	Regretted	—	—	Sk. Matlab Ali	A+ve	—	—	—
9	" 7.40 PM	TBC-25-299-14/PRBC TBC-25-299-15/PRBC	O+ve	230 230	Rinki Dhara	O+ve	SNH	NO Agg	Ch. Anaemia
06425 1	06/04/25 7.45 PM	TBC-25-335-4/PRBC	B+ve	235ml	Susmita Mahaptra	Baby B+ve	HSDH	"	Anemia.
2	" 5.50Pm	TBC-25-335-9/FFP	B+ve	235ml	Prasanta Roy	B+ve	HSDH	"	Anaemia
07425 1	07-04-25 12:50 PM	TBC-25-335-29/PRBC	B+ve	230ml	Rabiya Bibi	B+ve	BMSS	"	Severe Anaemia

Group wise issue of Blood and Blood Components

Product	Group							
	A +	A –	B +	B –	AB +	AB –	O +	O –
WB								
PRBC								
FFP								
Platelet								
Cryo								