



Lic No. GB/24 Dt. 28/6/1996

B.B.R. No. _____

લોક સમર્પણ રક્તદાન કેન્દ્ર & રીજીયોનલ બ્લડ ટ્રાન્સફ્યુઝન સેન્ટર

૧૫-૨૦, મીરાનગર સોસાયટી, સૌરાષ્ટ્ર પટેલ ભવન સામે, સરદાર ચોક, મીની બજાર,
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REQUISITION FORM FOR THE BLOOD & BLOOD COMPONENTS

Patient's Name : _____ Date : _____

Age/Sex : _____ Pt's. Hb : _____ g/dl Regd. No. : _____ Ward No. : _____

Hospital : _____ Doctor's Name _____

Diagnosis : _____

Indication of B.T. _____

Blood Group : AB A B O Rh Factor : Positive Negative

H/o. Blood Transfusion : _____ Reaction if any : _____

H/o. Pregnancy : _____

Please supply

(જરૂરીયાત પ્રમાણે નીચેના બોક્ષમાં ટીક (✓) કરવું.)

Demand : Routine Emergency Desperate

Please Supply appropriate blood to this Pt. without compatibility testing on my responsibility.

Signature of In charge Doctor: _____

	UNITS		UNITS
Whole Blood		Platelet Concern.	
Red Cell (Saline Washed)		Cryo. Ppts.	
P. C. V.		Single Donor Platelets (S.D.P.)	
F. F. P.			

DATE OF REQUIREMENT	TIME OF REQUIREMENT
1 _____	_____ AM _____ PM
2 _____	_____ AM _____ PM
3 _____	_____ AM _____ PM

CONSENT • Inform Consent for transform of blood has been taken with entry in indoor case paper.

• I have completely filled up this requisition form & blood sample is collected by me / Under my supervision after verification of patient's identity.

FOR BLOOD BANK USE ONLY

Blood Group of patient :- _____

Done by Sign :- _____

Sample Receiving

Date :- _____ Received by :- _____

Time :- _____

Sign. & Stamp of Doctor

(1) Blood transfusion always carries a risk to the recipient. (2) It must be asked by a qualified clinician (M.B.B.S. or Higher) only.

(3) It must be transfused at a place where there are full facilities to treat the complications of blood transfusion reactions. [Refer F & D Manual]

આ ફોર્મ સંપૂર્ણ ભરીને મોકલવું. અપૂર્ણ ફોર્મ સાથેની ડિમાન્ડ પરત થશે.