

**OFFICE OF THE SECRETARY PUNJAB BLOOD TRANSFUSION AUTHORITY**  
**Inside mental Hospital, Jail Road Lahore**  
**Annual Data Collection Form**

Date \_\_\_\_\_ Date for Jan-Dec 2020

Name of Blood bank /Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Name OfIncharge: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Email: \_\_\_\_\_

**Structure**

Your organization is a Hospital Blood Bank  Thallassemia Centre Blood Bank

Standalone Blood Bank

Blood Centre:

Public Sector:  Private / NGO Sector  Federal

**Staff**

No of Staff BTOs  Technologists  Technician  Assistants

Nurses  Support Staff

Others \_\_\_\_\_

Biological waste is disposed by? \_\_\_\_\_

Incinerator present: Yes  No  If Yes, In-house  Out sourced

Incineration performed: Daily  Weekly  Other

Documentation Yes  No

What is the number of donors deferred?  Main Cause of Deferral

Number of room in the blood bank

No of Blood Donation collected at facility?  No of Blood Donation collected from outside?

If from outside name of facility \_\_\_\_\_ Screening Method \_\_\_\_\_

Have you MOU signed with this facility vetted by PBTA \_\_\_\_\_

In 2020 Total Blood Bank Collection

Voluntary non-remunerated donors  Family/replacement donors

No of male blood donors  No of female blood donors

No of Blood Campaigns Arranged

No of Blood Bags Collected By Blood Campaigns

## Screening Result

Screening Method ICT \_\_\_\_\_ ELISA \_\_\_\_\_ CLIA \_\_\_\_\_ NAT \_\_\_\_\_

Detail (BRAND NAME) \_\_\_\_\_

Total No of units screened

Number of Reactive case HBV  HCV  HIV

Malaria  Syphilis

Equipment Status (Basic Equipment)

S. No	Name Of Equipment	Number	Working/Out of order
1	Blood storage Cabinet		
2	Lab Centrifuge		
3	Tube Sealer		
4	Weighing Scale		
5	Equipment for HB Estimation		
6	Safety Equipment and Supplies		
7	Plasma Freezer (FFP)		
8	TTI Screening Equipment		
9	Water Bath		
10	Refrigerated Centrifuge		
11	Plasma Extractor		
12	Others		

Is the whole blood processed for component preparation? Yes  No

What is the number of blood separated into components?

Which components were prepared (give number prepared):

Red Cell Concentrate  Fresh Frozen Plasma  Cryoprecipitate

Platelets Concentrates  Single Donor Platelets Apheresis

Is there a hospital transfusion committee?

If Yes, When it was established? \_\_\_\_\_

Date of Last Meeting of Committee \_\_\_\_\_

Transfusion reaction / Events Reported \_\_\_\_\_

Number of Blood/components discarded \_\_\_\_\_

Signature and Stamp of Incharge