

DETAILED INFORMATION SHEET FOR BLOOD BANK LICENSE

Name of Blood Bank: _____

Address: _____

Name of Incharge (Responsible person): _____

Name of Incharge (Technical person): _____

Telephone No: _____ Cell No: _____

E-Mail Address: _____ Fax No: _____

BUILDING

- i. Is the location/approach/premises to the blood bank as per work load.
- ii. Sign boards/direction boards installed for patient guidance.
- iii. Is the building well maintained ie white washing etc.
- iv. Lighting Ventilation,general cleanliness is satisfactory.
- v. Is power back up available
- vi. Procedures are displayed for patients.
- vii. Procedures are displayed for donors guidance
- viii. Are there safety and hygiene instruction displayed?

SPACE MANAGEMENT

- Donor Management area available
- Blood Testing /Screening / processing area available
- Storage area available

BLOOD DONOR MANAGEMENT UNIT

- Counseling in privacy area available
- History / physical examination / donor consent forms in use
- Post Donation care provided

BLOOD GROUPING

- Forward Grouping Reverse Grouping

SCREENING

- HBsAG HCV HIV Syphilis Malaria

BLOOD COLLECTION

- Venipuncture is properly done
- Collection of Blood is proper
- Sealing of tubes and labeling is proper.
- Blood shaker equipment available

COMPONENT PREPRATION/ STORAGE

- RBC Concentrates Cryoprecipitate FFP P
- Temperature Monitoring of stored Blood
- Storage equipment
 - Blood Storage cabinet FFP Platelets agitator

ISSUANCE OF BLOOD

- Standard Requests form&Issuance register
- Cross matching procedure.
 - Saline A Phase Coomb e Gel c
- Instruction for transport of Blood given
- Post transfusion feedback mechanism present
- Adverse reaction register maintained

EQUIPMENT DATA

S #	Name of Equipment	Number	Working	Out of order
1	Blood Collection Mixer			
2	Tube Sealer			
3	Weighing Scale			
4	Equipment for HB Estimation			
5	Safety equipment and Supplies			
6	Blood storage Cabinet			
6	Plasma freezer (FFP)			
7	TTI Screening Equipment			
8	Water Bath			
9	Refrigerated Centrifuge			
10	Plasma Extractor			
12	Blood Cell Separator			
13	Blood Cell Irradiator			

RECORDS- Record are computerized.

Is each entry authenticated with signatures of the official concerned.

S #	Record Type	Yes / No.	S #	Record Type	Yes / No.
1	Donor Record		5	Cross-match Record	
2	Blood Grouping record		6	Transfusion Reaction record	
3	Blood Collection Record		7	Blood Products Record	
4	TTI Screening Record		8	Shift Taking over Register	

PERFORMANCE OF PREVIOUS YEAR

S. #	Procedure	NO	S. #	Procedure	No
1	Blood Group Testing		4	Storage	
2	Blood Collection		5	Distribution	
3	TTI Screening		6	Cross match performed	

OTHER

1. Constitution of Hospital Transfusion committee meeting schedule of HTC.

Ans: _____

2. Is there a documented system available for the recall of any components(s) causing adverse effects and all other components linked with that components(s)?

Ans: _____

3. Are there Hazards management (fire, electricity, etc, safety and hygiene instruction displayed _____

4. Standard Waste management practices followed. _____

5. Is there any mechanism of quality control /TQM/Accreditation

**Signature
Responsible person**