

MEMORANDUM OF UNDERSTANDING

This is a technical agreement for the provision of blood/ blood components or other blood transfusion services. (As a temporary arrangement)

to _____ (Receiving Hospital)

This agreement made on Dated _____

Between

Supplying Hospital/Blood Bank/Blood Centre/

- (A) Name of Blood Bank/Hospital.....
- Address
- License No.....License Expiry Date.
- Cell No. (I).....Email (Please attach copy of license)
- (Name / Signature & Designation on behalf of the **Supplying Hospital** with complete address)

Receiving Hospital/Blood Bank

- Name of Blood Bank/Hospital
- Address
-
- Cell No. (I)..... Email.....
- (Name / Signature & Designation on behalf of the **Receiving Hospital** with complete address)

(To be filled by PBTA)

PBTA Verification No. _____ Date _____

Date of Expiry of this agreement. _____

SECRETARY
PUNJAB BLOOD TRANSFUSION AUTHORITY
LAHORE

AGREEMENT FOR PROVISION OF BLOOD/ BLOOD COMPONENT BY & TO

1. DURATION & Expiry

From Dated _____ to _____ (Maximum one year)

2. DISTANCE BETWEEN SUPPLYING AND RECEIVING HOSPITAL(IN KMS)

3. SERVICE OBJECTIVES

The objective of this Agreement is to secure for (Receiving Hospital) _____ the provision of blood components and/or related services when and where the said has very low workload and also as a temporary arrangement until its own blood bank is not established or is lacking in such quality services for the best provision of safe and healthy blood and blood products to patients. To a level that satisfies the requirements of the Punjab Blood Transfusion Authority.

4. SERVICES TO BE COVERED

The main elements of the services to be covered by this agreement are:-

Please mark relevant boxes: -

- Provision of blood/ blood components.
- Screening of donated blood.
- Component preparation.
- Storage of blood/Rcc.
- Storage of Components.
- Cross Match.

The supplying blood Bank will supply blood and blood components in compliance with the PBTA/ PHC Regulations. It is recognized that the requirements of the Regulations are to be met assess compliance with the Regulations. For reference, the main applicable laws are:-

- a) Punjab Blood Transfusion Safety Act. 2016.
- b) PHC indicator 21 for category 1 Hospital

5. LOCATION & TEMPORARY STORAGE

The Hospital Blood banking Services are provided by the.

- a. Receiving Hospital
- b. Supplying Hospital

Please specify services available at Receiving Hospital

- a. Temporary storage.
- b. Cross match
- c. Blood grouping

6. AVERAGE REQUIREMENT PER MONTH OF RECEIVING HOSPITAL

- a) Whole Blood-----
- b) RCC-----
- c) FFP-----
- d) Platelets-----
- e) Others-----

7. QUALITY MANAGEMENT SPECIFICATION

The Supplier undertakes to ensure that all blood components supplied will be accompanied by appropriate documentation and will be transported in a validated manner (Transport Blood Containers with Temperature) which ensures that the supplied components remain within specification throughout the transport period and until they are transferred to controlled temperature storage. The supplying and receiving hospitals will adhere to the quality system for hospital blood banks as required by the PBTA/ PHC Regulations. The following particulars will be apply:-

- There are standard operating procedures for the storage, distribution and transport of blood and blood components within the supplying and receiving hospitals.
- Blood components will be issued and transported in accordance with the PBTA/PHC transfer policy.
- A fully documented procedure exists covering responsibilities and actions to be taken by each hospital in the event of a recall of blood components.
- “Cold Chain“ procedures, supported by documentary evidence, ensure specified temperatures and storage conditions are satisfactory maintained at all times, no unused blood will be accepted on return if not transfused because of any reason.
- Standard SOPS issued by PBTA & WHO will be followed.
- If Blood is supplied on replacement basis number of donors which will be needed for one unit request from receiving hospital as donor serology reports will identify fate of safe blood collection.
- Staff will receive appropriate and regularly updated training in all of the above activities and appropriate records of this training are kept.

8. TRACEABILITY

It is essential that there is complete traceability for all units transferred. Full records will be maintained of the distribution of all components from the supplier to the receiving hospital and there will be a documented process in place to confirm the member of staff who received the supplied components and when they were received.

The originating Blood bank will be responsible for full blood screening including QC and serology according to WHO criteria.(ELISA or CLIA. ICT screening is no longer recommended by WHO for blood donation screening).

9. RETURN OF ENTRY UNITS (RECEIVING HOSPITAL)

After blood components that have been transfused, receiving hospital will be responsible for returning the empty units back to the originating blood bank for final documentation within the transfusion laboratory computer system/ Log Blood.

For blood components that have not been transfused. Receiving Hospital will be

responsible for recording the final fate of the components, including the reason they were not used and transferring the information back to the originating Blood bank for final documentation within the transfusion laboratory computer system and notification of the Blood Service. Irrespective of whether the blood was transfused or discarded, the receiving hospital must return the traceability document/ label to the origination Blood Bank. No unit will be accepted that have been transferred back for storage once out of their storage temperature. The return policy of non transfused blood and blood components must be elaborate and clear between two.

a. Timeline for returning non transfused blood/components.

b. Responsibility of transportation of non transfused blood/ components.

c. Responsibility of discard.

If the transferred units bypass the receiving laboratory e.g. in an emergency situation, then both hospitals should work together to ascertain the final fate of the units.

Receiving Hospital

Supplying Hospital

TRANSPORT MECHANISM (Please give details)

-----will be responsible for providing transport required for all products and will be responsible for all units in transit until their arrival at the receiving hospital has been documented.

10. CROSE MATCHING RESPONSIBILY

11. ADVERSE REACTIONS & UNWANTED INCIDENTS

There are standard operation procedures for the notification of serious adverse events and reactions that satisfy the requirements for the PBTA/PHC at both Supplying and Receiving hospitals and these are supported by appropriate training records. All serious adverse reactions and serious adverse events as detailed by the PHC in their guidance on reporting to PBTA/PHC will be notified by the recipient hospital to the blood bank

manager at the immediately. These will be investigated by both parties and the necessary reports made to PBTA/ PHC by the Blood Bank Manager of the supplying Blood Bank on behalf of both parties. Adverse reactions/ events which could have been due to faulty components must also be reported to PBTA/PHC as soon as possible.

12. COMPLIANCE

The supplying blood bank will wish to assure them that the procedures and practices within the receiving hospital satisfy the requirements of this agreement.

13. REMEDIES FOR NON-PERFORMANCE

In the event of either party not performing according to the agreed terms of this Technical Agreement, the following procedures will apply:-

- Where one party considers that the other party has failed to meet its obligations, that party will instigate a meeting with the other within TWO weeks.
- Following the meeting, the party which has not performed adequately will be given TWO weeks to resolve the issue, to the satisfaction of the other party.
- There will be joint discussion between both parties to reach a mutually acceptable outcome.
- Where non-performance has not been rectified within the agreed timescale, the non-performance can be taken through identified performance management arrangements. The local Hospital Transfusion committee will be informed and the chair of that committee will ensure the issue of resolved in an acceptable timescale. Where this is not achieved the HTC Chair will notify the clinical Governance Committee and escalate the matter as appropriate.

14. DISPUTES & CONSPIRACIES

- All disputes & conspiracies will be referred to PBTA.

15. PBTA reserves right to inspect and evaluate both receiving and supplying hospital at any time and hour. PBTA can cancel the MOU at any time in case of observed or reported non compliance on part of any of the two.

Receiving Hospital Signed and Stamp-----

Supplying Hospital Signed and Stamp-----

Receiving Blood Bank / Hospital Registration form

Name of Hospital/ Blood Bank			
Administered by			
Responsible person			Qualification
Designation Of responsible person			
Complete Address			
Contact Details	Phone	Email	Fax
	1..... 2.....	1..... 2.....	
Processes carried out in BE	Blood Collection	Grouping	Cross Matching
	Components	Storage	Distributing
	Screening	Transfusion	Imunohaematology
Paid Fee NBP Branch code and Challan No.			
<p>*The responsible person must be a doctor registered by PMDC.</p>	<p><u>CERTIFICATE BY RESPONSIBLE PERSON</u></p> <p>I hereby take full responsibility of all the information provided in the attached sheet and to implement the standards laid down by PBTA (and all notifications and SOPs issued by PBTA time to time) and understand that in case of failure to do so, I could be subject to litigation as prescribed by the law. I will also abide by the condition to communicate monthly progress report to PBTA on the prescribed perform.</p> <p>Date:..... Signature:.....</p>		

PBTA Registration No. _____ Date _____
(To be filled by PBTA)

Original Registration will be delivered to the responsible person of hospital/blood bank/clinic.

Following documents attached with registration form:-

1. Copy of CNIC (Responsible person/Incharge)
2. Two photographs (Responsible person/ Incharge)
3. List of equipment with specifications.
4. Original Challan after depositing the license fee **Rs. 5500/-** in **NBP** in Head of Account **C02871-Health Other Receipts**. The annual Renewal fee for MOU will be Rs 1000/-.

Applications must be submitted or addressed to

“Secretary Punjab Blood Transfusion Authority Inside Mental Hospital Off Jail Road Lahore”
Incomplete applications will not be processed