Punjab Blood Transfusion Authority

OFFICE OF THE SECRETARY, PUNJAB BLOOD TRANSFUSION AUTHORIT.
INSIDE MENTAL HOSPITAL OFF JAIL ROAD LAHORE
PH # 042-99205492

BLOOD BANK REGISTRATION FORM

Government of the Punjab
Health Department

Name of Blood Establishment (BE)			
Administered by			
Responsible Person			**Qualification**
Type of Blood Establishment	**Blood Centre**	**Hospital Blood Bank**	**Public**
	Private	**Stand alone**	**Part of Laboratory**
Complete Address of BE			
Contact Details of BE	**Phone** **1.----------** **2.----------**	**Email** **1.----------** **2.----------**	**Fax**
Name of Linked Hospitals	**1.**	**2.**	**3.**
Processes carried out in BE	**Blood Collection** ☐	**Grouping** ☐	**Cross Matching** ☐
	Components Preparation ☐	**Storage** ☐	**Distribution** ☐
	Screening ☐	**Transfusion** ☐	**Imunohaematology** ☐
Paid Fee NBP Branch code and Challan No.			

***. The responsible person must be a doctor registered by PMDC.**

***. Only one license will be issued in the name of one doctor.**

***. Monthly progress reports must be communicated to PBTA**

CERTIFICATE BY RESPONSIBLE PERSON

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 proforma.

Date---------- **Signature----------**

Punjab Blood Transfusion Authority

OFFICE OF THE SECRETARY, PUNJAB BLOOD TRANSFUSION AUTHORIT.
INSIDE MENTAL HOSPITAL OFF JAIL ROAD LAHORE
PH # 042-99205492

BLOOD BANK REGISTRATION FORM

Government of the Punjab
Health Department

Following documents attached with registration form:-

1. Application will submit through Administrator / Medical Superintendent.
2. Detailed information sheet for blood bank.
3. Copy of CNIC (Responsible person/Incharge)
4. Two photographs (Responsible person/ Incharge)
5. Policy Manual / SOPs
6. Duty Roster of Technical Staff.
7. Attested copies of degrees and certificates of all staff.
8. Original Challan after depositing the license fee **Rs. 5500/-** in **NBP** in Head of Account **C02871-Health Other Receipts**.

9. 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

Punjab Blood Transfusion Authority

OFFICE OF THE SECRETARY, PUNJAB BLOOD TRANSFUSION AUTHORIT.
INSIDE MENTAL HOSPITAL OFF JAIL ROAD LAHORE
PH # 042-99205492

BLOOD BANK REGISTRATION FORM

Government of the Punjab
Health Department

DETAILED INFORMATION SHEET FOR BLOOD BANK

Name of Blood Bank: _____

Address: _____

Name of Incharge (Responsible person) _____(Whole Time)

Name of Incharge (Technical person): _____

Telephone No: _____ Cell No: _____

E-Mail Address: _____ Fax No: _____

(Incharge must be Registered from PMDC)

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

Donor History recorded by Doctor---------- Other----------

- 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 ☐

Screening Method .....

Screening Kits Brand used.....

Punjab Blood Transfusion Authority

OFFICE OF THE SECRETARY, PUNJAB BLOOD TRANSFUSION AUTHORIT.
INSIDE MENTAL HOSPITAL OFF JAIL ROAD LAHORE
PH # 042-99205492

BLOOD BANK REGISTRATION FORM

Government of the Punjab
Health Department

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 ☐ Platelets ☐
- Temperature Monitoring of stored Blood • Storage equipment ☐
- Blood Storage cabinet ☐ FFP Freezer ☐ Platelets agitator ☐

ISSUANCE OF BLOOD

- Standard Requests form & Issuance register ☐
- Cross matching procedure.

Saline ☐ Albumin Phase ☐ Coombs Phase ☐ Gel cards ☐

- Instruction for transport of Blood given • ☐

Post transfusion feedback mechanism • ☐

Adverse reaction register maintained ☐

EQUIPMENT DATA

S #	Name of Equipment	Number	Brand	Status
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			

Punjab Blood Transfusion Authority

OFFICE OF THE SECRETARY, PUNJAB BLOOD TRANSFUSION AUTHORIT.
INSIDE MENTAL HOSPITAL OFF JAIL ROAD LAHORE
PH # 042-99205492

BLOOD BANK REGISTRATION FORM

Government of the Punjab
Health Department

STAFF

Sr	Category	Number	Qualification
1	Doctor		
2	Staff Nurse		
3	Technologists		
4	Technicians		
5	Attendants		

RECORDS - Record are computerized. N ☐ Y ☐

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	
9	RETURNED EMPTY BAG RECORD*		10	SUPPLY RECORD	
*. All empty bags after transfusion must be returned to blood bank. Strict inventory of all returned used bags must be recorded					

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 component(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

PROVISION NOF WRONG INFORMATION OR MISLEADING INFORMATION WILL RESULT IN CANCELLATION OF REGISTRATION.

Signature& Name of Responsible person Date----------

Punjab Blood Transfusion Authority

OFFICE OF THE SECRETARY, PUNJAB BLOOD TRANSFUSION AUTHORIT.
INSIDE MENTAL HOSPITAL OFF JAIL ROAD LAHORE
PH # 042-99205492

BLOOD BANK REGISTRATION FORM

Government of the Punjab
Health Department