



I.M.A. CHARITABLE BLOOD CENTRE

IMA Bhawan, 1, River Bank Colony, Lucknow, Uttar Pradesh - 226003
Ph. : 0522-3171416



Lic No. : U.P./B & B.P/2022/50

BLOOD / BLOOD COMPONENT REQUISITION FORM

A) PATIENT INFORMATION

Name in Full: Age : Sex :
Address :
Registration No./ID No. : Ward : Bed No. :
Diagnosis : Blood Group :
Indication for Transfusion : Hb % :
H/O previous transfusion or any relevant history as adverse reaction, if any.
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Any relevant past obstetrics history :

B) DETAIL OF DEMAND OF BLOOD

Type of Blood/Component	No. of Bags	Type of Blood	No. of Bags
Whole Blood		Random Donor Platelet	
PRBC		FFP	
Plasma Apheresis		Paediatric Unit/Parts	
Single Donor Platelet		Any Other	

Requirement - Immediate/Urgent/Routine :

C) HOSPITAL & DOCTOR INFORMATION

I certify that have personally collected the blood sample after identification of patient's ID No./CR No. and name. I have explained the necessity of blood transfusion and risks associated with it to patient / relatives and taken informed consent.

Hospital Name : Govt/Private :

Hospital Registration No. :

Name of Consultant/MO In-charge : Mobile No.

Doctor's Name (Creating Demand) : Mobile No.

Date :

Time : AM/PM

Name & Sign of MO with Seal

- Send 3-5 ml of Blood in plain vial and 2ml in EDTA vial/vacutainer.
- Do not send sample in syringe.
- Sample Vial to be labelled for Name, Ward & Bed No., CR, ID No at the patient's bedside only. Should use permanent marker.
- Requisition form and samples with discrepancy are unacceptable.
- This form will not be accepted, if not signed or any section is left blank.
- Do not insist for fresh blood. If any special needs should be mentioned clearly on requisition form.
- Send requisition form safely to avoid it's misuse.
- Haemolysed sample will not be accepted.
- For neonates less than 4 months, send mother's sample also in 3ml of plain vial for cross match.
- In retain case only get a receipt from the blood bank.
- In retain case of elective requirement blood bag will be stored for 3 days (72 hours) only.
- Every time fresh sample should be sent.

To be used by Blood Bank

SI. NO.

Requisition received at AM/PM on datepatient's
 identification matched with sample and vial (Yes/No) :

Requisition Reference No. at Blood Bank

Signature of Receptionist :

Blood Group Signature of Medical Technologist

**Cross Match Record
 Patient's Blood Group**

Cell Grouping				Serum Grouping			Blood Group	
Anti B	Anti A	Anti AB	Anti D	A cells	B cells	O cells	ABO	Rh (D)

Cross Match Report

Sl. No.	Patient ID	Donor Unit ID	Blood Group	Cross Match Done By
1.				
2.				
3.				
4.				
5.				

Remarks/Notes :

Signature of Medical Technologist
 Date TimeAM/PM