

"Blood should flow in veins, not in drains" - Nirankari Baba Ji

'Donate
Blood



Save life'

SANT NIRANKARI BLOOD BANK

3rd Floor, Sant Nirankari Satsang Bhawan, Western Express Highway,
Hanuman Road, Vile Parle (E), Mumbai - 400 057. Phone No: +91-22-2619-5539

Mfg. Lic. No:MH 004765

Ek Tuhi Nirankar



BLOOD RECIPIENTS APPLICATION FORM

PLEASE NOTE THAT DEMAND FOR BLOOD WILL BE ACCEPTED ONLY ON PRODUCTION OF DULY FILLED IN OFFICIAL FORM.

Recipients Full Name and Address: _____

Age: _____ Sex: _____

Diagnosis & Brief History: _____

Blood Group of Patient if done earlier: _____

Indication for Transfusion (Hb in gms): _____

Name, Address and Phone No. of the Hospital: _____

Phone: _____

Medical officers Name & Qualifications: _____

Patient's Indoor/Out Door Reg. No.: _____

History of Previous Transfusion & type of Transfusion (if any) History of pregnancy (if applicable)

1) No. of transfusions given: _____ 2) No. of Pregnancies: _____

3) Approximate Dates: _____ 4) No. of Miscarriages: _____ 5) Case of Still Birth: Yes No

6) Reactions if any: _____ 7) No. of children with hemolytic Disease of New Born: _____

DETAILS OF THE DEMAND OF BLOOD COMPONENT

Sr. No.	PARTICULARS	No. of Bags	Date of Requirement	Time of Requirement
1.	Concentrated Human Red Blood Corpuscles <input type="checkbox"/>			
2.	Platelet Concentrate - I.P. <input type="checkbox"/>			
3.	Fresh Frozen Plasma - B.P. <input type="checkbox"/>			
4.	Cryoprecipitate (Antihemophilic Factor - I.P. VIII) <input type="checkbox"/>			
5.	Single Donor Platelet by Apheresis Method <input type="checkbox"/>			

Name of Phlebotomist:

Sign.:

Name & Sign. of Medical Officer

Note: 1) Grouping and Cross Matching are undertaken 24 hrs. every day. Even on Sundays.
2) 5ml of Blood each should be sent in properly EDTA & Plain Bulbs accompanied by Application Form duly filled with (i) Patient's diagnosis (ii) Brief History (iii) H/o previous transfusion & Reactions if any etc.