



**ALL INDIA INSTITUTE OF MEDICAL SCIENCES, JODHPUR**

**Department of Transfusion Medicine**  
Basni, Industrial Area, Phase-II, Jodhpur-342005  
Blood Centre: 0291-2740742 Ext#1436

**For Blood Centre use only:**

**Request Receiving No. ....**

Received on .....

Time .....

Signature .....

**Crossmatch & Blood Components Release  or Hold**

Patient Name ..... Patient ID ..... Age/ Sex ..... Weight .....

Date of Admission ..... Blood Group: ..... If child < 4 mo: Mothers Group is .....

Father/Husband's Name ..... Address & Phone .....

Faculty In charge ..... Department ..... Ward ..... Bed/Room No .....

Clinical Diagnosis ..... Indication for Transfusion .....

Urgency Category: Routine  Urgent  Emergency Release  Patient Category: General  FOC  Other specify.....

Transfusion History ..... Pregnancy History .....

Hb .....gm/dl, Hct .....%, PT/INR ....., APTT ....., Platelet count...../cubic mm, Fibrinogen.....g/dL

**Units to be ordered:**

PRBC	FFP	RDP	SDAP	CRYO	BUFFY COAT/ GRANULOCYTE	SPECIAL MODIFICATION (if required)		
						<input type="checkbox"/> Leuko Filtration	<input type="checkbox"/> Washed PRBC/Platelet	<input type="checkbox"/> Irradiation
						<input type="checkbox"/> Pediatric Unit	<input type="checkbox"/> Reconstituted WB	<input type="checkbox"/> Other

Blood Required (Date & Time: .....) Sample collected by..... (Date and Time.....)

**PLEASE PASTE PATIENT STICKER HERE**  
(Mandatory)

Signature of Faculty / Resident

Doctor's Name & Contact No.

**INSTRUCTIONS**

- 3 ml patient's blood in EDTA vacutainer purple top, (1ml EDTA microvacutainer is acceptable for **neonates**) must be sent with the Request.
- In case of newborns upto 4 months, send another tube with mother sample also (label "**Mother of**.....")
- For release, fill release request and send Insulated box to carry the Component, which will be handed over only to Hospital Staff.

**FOR BLOOD CENTRE USE**

Cell Grouping				Serum Grouping				Result ABO/Rh	Antibody Screen/ICT
Anti-A	Anti-B	Anti-D	Anti-AB	A cell	B cell	O cell	Auto control		

Previous Blood Grouping Done: Yes / No ; If Yes, Previous Grouping Result: \_\_\_\_\_ Signature \_\_\_\_\_

**CROSS - MATCH METHOD - (LISS - COOMB'S / IMMEDIATE SPIN)**

Blood Component	Unit No.	Unit Date of Expiry	Unit Blood Group	Blood Unit Segment no.	Unit Vol.	Compatible (Yes/No)	Xm by	Issue by	Issue time & date	Patient Location	Component Recv By

**BLOOD REQUEST ACKNOWLEDGEMENT RECEIPT**

Patient Name \_\_\_\_\_ Patient ID \_\_\_\_\_ Ward/Bed No. \_\_\_\_\_

**Note:** This is **ONLY** an **Acknowledgement Receipt** of blood request form. It does not confirm the availability of blood/blood components. For confirmation regarding the availability of blood/blood components, kindly call **ext#1436**.

**PLEASE PASTE PATIENT STICKER HERE**  
(Mandatory)

**"This is to be retained in Patient File"**

PRBC	FFP	RDP	SDAP	CRYO	BUFFY COAT/ GRANULOCYTE

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