



ALL INDIA INSTITUTE OF MEDICAL SCIENCES, JODHPUR

Department of Transfusion Medicine & Blood Bank

Basni, Industrial Area, Phase-II, Jodhpur-342005

Blood Bank: 0291-2740742 Ext#1436

For Blood Bank use Only:

Received on.....

Time.....

Signature.....

Request Receiving No.....

Crossmatch & Blood Components Release or Hold

Patient's Name (in capital letters)

ABO &.....Rh Grouping done at AIIMS earlier: Yes No . If child < 4 mo: Mothers Group is.....

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

Patients Registration No. Age/ Sex..... Date of Birth.....

Faculty In charge of Pt..... Ward Bed/Room No

Clinical Diagnosis

Reason for Transfusion

Urgency Category: Routine Urgent Emergency Release

History of Previous Transfusion Yes/No..... if yes, When & What components.....

Reaction if any Antibody if Known.....

If Patient is an Oncology Patient / Potential Transplant recipient, Yes /Noif Yes.....

If woman: Has she ever been pregnant, Yes /No.....ParaHistory of HDN/Still birth/miscarriage

Hbgm/dl, PT/INR....., APTT....., Platelet count...../cubic mm, Fibrinogen.....g/dL

Units to be ordered:

PRBC	FFP	RDP	SDAP	CRYO	CPP	Special Modification	Reason for modification
						<input type="checkbox"/> Leuko Filtration <input type="checkbox"/> Volume Reduction <input type="checkbox"/> Split/Small Volume/ Pediatric <input type="checkbox"/> Reconstituted WB <input type="checkbox"/> Other	

Blood Required on Time

Sample collected by..... At Time

Signature of Faculty / SR

INSTRUCTIONS

Name of Doctor (& Cell Phone)

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

FOR BLOOD BANK USE

Units Allocated & Crossmatch Details	Replacement Donors List



BLOOD COMPONENT RELEASE REQUEST for Pt _____, Reg _____

Fill below part ONLY when unit is to be dispatched to bedside rather than held at blood bank after crossmatch)

Location to send blood to _____, Release All units or _____

Please verify that patient is actually ready to receive the product and transfusion can be completed within 4 hours of issue, eg:

IV cannula in place & freely flowing, & appropriate BT set available Yes No

Patient has fever / other BT deferring condition Yes No

Premedication, ONLY IF necessary, administered Yes No

I have verified the above and confirm that blood component can be released and transfused immediately:

Signature of Doctor & Phone
Phone of Nursing Station/Nurse:

[Paste patient sticker if available]

BB Receive No & Signature :