

**DETAILED INFORMATION SHEET FOR BLOOD BANK LICENSE**

Name of Blood Bank: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Incharge (Responsible person): \_\_\_\_\_

Name of Incharge (Technical person): \_\_\_\_\_

Telephone No: \_\_\_\_\_ Cell No: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Fax No: \_\_\_\_\_

**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**

- 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

**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 present
- Adverse reaction register maintained

**EQUIPMENT DATA**

S #	Name of Equipment	Number	Working	Out of order
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			

**RECORDS -** Record are computerized.

Is each entry authenticated with signatures of the official concerned.

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	

**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 components(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

\_\_\_\_\_  
\_\_\_\_\_

**Signature  
Responsible person**



**OFFICE OF THE SECRETARY, PUNJAB BLOOD TRANSFUSION AUTHORITY, 1-BIRDWOOD ROAD, LAHORE**  
 PH # 042-37423640 FAX #042-37500574  
**BLOOD BANK REGISTRATION FORM**

<b>Name of Blood Establishment</b>			
<b>Type of Blood Establishment</b>	<input type="checkbox"/> <b>Public</b>	<input type="checkbox"/> <b>Private for Profit</b>	<input type="checkbox"/> <b>Private Non Profit</b>
	<input type="checkbox"/> <b>Stand-alone Blood Bank</b>	<input type="checkbox"/> <b>Hospital Blood Bank</b>	<input type="checkbox"/> <b>Part of Laboratory</b>
<b>Contact Details of Establishment</b>	<b>Address.</b>		
	<b>Phone No.</b>	<b>E-mail:</b>	<b>Fax No.</b>
<b>The Hospitals linked with blood Bank</b>			
<b>Processes Carried out in the Blood Establishment</b>	<input type="checkbox"/> <b>Blood Collection</b>	<input type="checkbox"/> <b>Testing</b>	<input type="checkbox"/> <b>Processing</b>
	<input type="checkbox"/> <b>Immunohaematology</b>	<input type="checkbox"/> <b>Storage</b>	<input type="checkbox"/> <b>Issuance</b>
	<input type="checkbox"/> <b>Distribution</b>	<input type="checkbox"/> <b>Transfusion</b>	<input type="checkbox"/> <b>Others.</b>
<b>Paid Fee Receipt No./ dated</b>	Attach the Receipt.		
<b>Name of Responsible Person*</b>	<b>Qualifications:</b>		
<p><b>*Note : The Responsible Person must be a hematologist or a PMDC registered doctor.</b></p> <p><b>Only one license can be issued in the name of one doctor.</b></p>	<b>Certificate by the responsible person.</b>		
	<p>I hereby take full responsibility to implement the standards laid down by the PBTA and understand that in case of failure to do so, I could be subject to litigation as prescribed by the law.</p>		
	<b>Date</b>	<b>Signatures</b>	

Following documents attached with registration form:-

1. Copy of CNIC
2. Two photographs
3. Filled detailed information sheet for blood bank license
4. Policy Manual / SOPs
5. Duty Roster of Technical Staff.
6. List of equipment with specifications.
7. Attested copies of degrees and certificates of all staff.
8. Original Challan after depositing the license fee **Rs. 5500/-** in **Treasury / NBP** in Head of Account **C02871-Health Other Receipts.**
9. Application may be submitted in all EDO(Health) offices OR in the office of Secretary, Punjab Blood Transfusion Authority at 1-Birdwood Road. Lahore.