



“DONATE BLOOD, SAVE LIFE”
BLOOD REQUISITION FORM



Name & Address of the Blood Bank:

Please supply..... unit of whole blood/ packed sale/plasma for the under mentioned patient

01. Name of the Patient (Block Letters):
02. Father/Husband's name:
03. Address: Regd. No.
04. Date of admission: Ward
05. Age & Sex: Bed No.
06. Hospital/Nursing Home: Hb gm(Sahalis
07. Clinical Diagnosis:
08. Urine Examination-Albumin-
09. History of Dextraven or other I.V. plasma expanders
10. History of previous transfusion with bottle No- date & group
11. History of previous transfusion reaction-
12. Date of requirement-
13. Whether non-urgent/urgent/desperate reserved for operation-
14. Blood is required for preoperatively/during operation/post operatively/for correction of anaemia/to compensate blood loss.
15. If fresh blood is require specify reason-
16. Sample collected and labeled in presence of M.O./by me-
17. Date and time of collection of sample-
18. Name of the exchange donors

Signature of Medical Officer
(Name of Block Letters)
Regd. No.-
Seal of N.H./Hospital

FOR THE USE IN BLOOD BANK

Blood Group-
Rh. Type-
Received at Blood Bank, date and time-
Issued of blood-date & time/Blood Bottle No.-
Remarks of Blood Bank-

**Signature of Medical Officer
Blood Bank**

----- WE PRAY GOD FOR SPEEDY RECOVERY -----

PROFESSIONAL BLOOD DONORS WILL BE REJECTED

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