



# Awadh Charitable Blood Bank

**For the use of Blood Bank**

Request receiving no. \_\_\_\_\_

Received on \_\_\_\_\_ Time \_\_\_\_\_

Signature \_\_\_\_\_

## DEPARTMENT OF BLOOD BANK/TRANSFUSION MEDICINE

### Request for COVID 19 Convalescent Plasma (One unit)

Patient's Name:- \_\_\_\_\_ Patient's UHID/I.P. No. \_\_\_\_\_

Father's / Husband's Name:- \_\_\_\_\_

Name of the Hospital indenting COPLA \_\_\_\_\_

Doctor In charge \_\_\_\_\_ Age/Sex:- \_\_\_\_\_ Ward/Room (Bed) No. \_\_\_\_\_

Clinical Diagnosis: \_\_\_\_\_

Reason for transfusion: \_\_\_\_\_

History of transfusion \_\_\_\_\_ Yes  No  if yes, ABO group \_\_\_\_\_ Rh(D) \_\_\_\_\_

Reaction if any: \_\_\_\_\_

If patient is female: Has she ever been pregnant Yes  No  : Para \_\_\_\_\_

History of HDNB, Still Birth, miscarriage: \_\_\_\_\_

Hb \_\_\_\_\_ gm/dl      PT \_\_\_\_\_ sec.      APTT \_\_\_\_\_ sec.      Platelet Count \_\_\_\_\_ /ml

Date of Indent \_\_\_\_\_ at \_\_\_\_\_ Sample Collected by Name \_\_\_\_\_ Sign. \_\_\_\_\_

Sign of Nodal Officer:- \_\_\_\_\_

Name of N.O.:- \_\_\_\_\_

Designation :- \_\_\_\_\_

Contact Number:- \_\_\_\_\_

### INSTRUCTIONS

1. 5 ml patient's blood should be sent in a properly labelled EDTA tube along with requisition form.
2. The requisition must be complete in all respect. Details should be same both on the form and the label of the blood sample.
3. Requisition forms are accepted from 8:00 AM to 8:00 PM at COVID 19 COPLA Reception Desk at **Awadh Charitable Blood Bank**.
4. Blood and its component must be taken when required for definite use; it may be returned back if not used.