

BHABHA ATOMIC RESEARCH CENTRE HOSPITAL
PATHOLOGY UNIT- BLOOD BANK

BLOOD/ BLOOD COMPONENTS STORAGE FORM

(For storage of Blood/Blood component issued by outside blood bank)

PATEINT'S NAME (Full Name In Capitals)							
		NAME		MIDDLE NAME		SURNAME	
AGE		SEX		CHSS No		WARD	

STORAGE REQUEST

NAME OF ISSUEING BLOOD BANK WITH LICENCE NUMBER	
CROSS MATCH REPORT DATE	
COMPONENT (WB/PRBC/FFP/PLT)	
BLOOD UNIT NO	
BLOOD GROUP	
DATE OF ISSUE	
DATE OF EXPIRY	
DURATION OF STORAGE (approximate)	

REQUESTED BY:_____

SIGNATURE:_____

DATE:_____

TIME:_____

IN CASE THE BAG IS NO LONGER REQUIRED BY THE PATIENT, PLEASE FILL THIS SECTION

DE-RESERVE REQUEST

DATE:_____

Above bag was sent to the Blood Bank for storage on Date	
This unit is no longer required for this patient due to the reason	
Blood bank is requested to utilize it as appropriate.	

REQUESTED BY:_____

SIGNATURE:_____

DATE:_____

TIME:_____

FOR BLOOD BANK:

Accepted for storage on:_____ Bag issued on:_____

If not utilized, Sent back for de- reservation on_____