



Rotary Blood Bank Gurgaon
(An ISO 9001: 2015 Certified Blood Bank)



FOR THE USE OF BLOOD BANK

Request receiving No.....

Received on.....

REQUEST FOR COVID 19 CONVALESCENT PLASMA(CCP)

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

Father's / Husband's Name:- _____

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

No. of units required:-	CCP (COVID Convalescent Plasma)	PRBC	FFP	RDPC	SDPC	CRYO	CPP	OTHER

Required On _____ at _____ Routine/If Emergency (Please specify) _____

Date of Indent _____ at _____ Sample Collected by Name _____ Sign. _____

Sign & Stamp of Medical Officer:-

Name of M.O.:- _____

Designation: - _____

Contact Number: - _____

INSTRUCTIONS

1. 5 ml Patient's Blood should be sent in properly labeled EDTA Vial along with Requisition Form.
2. The Requisition must be complete in all respect. Details should be same on the form as well as the Label of the Blood Sample.
3. Request Forms for routine requirement should ideally be sent 24hrs before the requirement. However, urgent requisition forms are accepted from 9:00 AM to 5:00 PM at COVID 19 COPLA Reception Desk at Rotary Blood Bank Gurgaon.
4. Blood and its Component must be taken when required for definite use. Once issued, it will not be taken back.
5. A new Blood Sample of the Patient is required for Cross-matching if earlier transfusion was given more than 3 days back.