

**DEPARTMENT OF IMMUNOHAEMATOLOGY & BLOOD TRANSFUSION
PT B.D. SHARMA PGIMS, ROHTAK**

No. BTD/2022/ 1965

Dated: 26.08.2022

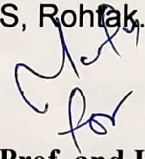
To

The Prof. I/c,
IT & Tele Medicine Department,
Pt. B .D. Sharma, PGIMS, Rohtak

Subject : Implementation of Pro – active disclosure under section – 4 of RTI Act 2005.

Kindly refer to ~~letter~~ letter no. SPIO/PGIMS/2022/6783 dated 24.08.2022 on the subject cited above.

You are requested to upload the information on the institute of website and intimate this office so that certificate regarding this may be provided to the First Appellate Authority – cum – Director, Pt. B. D. Sharma, PGIMS, Rohtak.


**Sr. Prof. and Head
Immunohaematology &
Blood Transfusion Department
Pt. B.D. Sharma PGIMS, Rohtak.**

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**DEPARTMENT OF IMMUNOHAEMATOLOGY & BLOOD TRANSFUSION
PT. B.D. SHARMA PGIMS, ROHTAK**

NO. BTD/2022/1941

DATED: 23.08.2022

To

The Director,
Pt.B.D.Sharma,PGIMS, Rohtak.

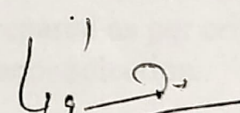
Subject: Approval of departmental information for under pro – active disclosure under section - 4 of RTI Act to be uploaded on PGIMS website.

In reference to your office letter no. MG-II/22/5899 – 5960 dated 24.06.2022 and SPIO/PGIMS/2022/6503 – 6575 dated 16.08.2022 on the above noted subject.

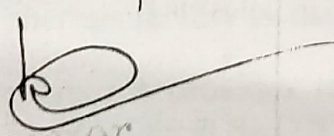
This is to bring to your kind attention that information of department sent vide letter no. BTD/2022/1835 dated 08.08.2022 to be uploaded on PGIMS website were approved from your office. But as decided in the meeting held on 09.08.2022 under the chairmanship of the Dean, PGIMS, Rohtak some other information's are included.

You are requested to kindly approve the same.

This is for your kind information and necessary action please.


**Sr. Prof. and Head
Immunohaematology &
Blood Transfusion Department
Pt. B.D. Sharma PGIMS, Rohtak.**

Approved | SPIO


**Director
23.08.22**

Secy

Immunohaematology & Blood Transfusion Department

Introduction

- The blood transfusion service is committed to provide the safe, adequate and timely blood/blood components to the patients of this hospital which can happen with mutual cooperation and coordination between departments.
- The blood centre tries to maintain adequate stock of blood types and blood components to meet the demands of patients through indoor donation and by organizing outdoor voluntary blood donation camps.
- Blood Collection is done through voluntary/ replacement blood donors in the department and outdoor voluntary blood donation camps which are organized in coordination with various organizations, individuals and District Red Cross Society, Rohtak and other Districts.
- Blood Donor Questionnaire and Consent form prepared as per criteria of NBTC & Drug and Cosmetic rules 1945 (Copy Enclosed) for donor selection.
- Blood units are processed into blood components.
- All blood units are screened for transfusion transmitted infections.
- Serologically compatible blood and blood components are provided to the patients after pre-transfusion testing as per standard protocol.
- Apheresis facility is also available.
- Department provides teaching and training of medical laboratory technicians, B.Sc Nursing, B.Sc O.T, undergraduate medical students and resident of Immunohaematology and Blood Transfusion department, Pathology department and other Para Clinical departments.
- Department is providing 24 x7 patients care services.
- Inhouse blood donation timing 7.30 AM to 7.00 PM all days.
- Blood/Blood components are issued free of cost to the patient admitted in government hospitals and for patients coming from private hospitals processing charges recommended from Government are recovered.

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SC Prof & Head
Deptt. of Immunohaematology &
Blood Transfusion
R. D. Sharma, PGIMS Rohtak

- Apheresis requisition receiving timing 8.00 AM to 3.00 PM all days.
- Rs. 8500/- is the processing charge for each apheresis procedure, except for the BPL & dengue patients as per the guidelines from Govt. of Haryana.

SOP of Works:-

- Blood units collected from inhouse donation and outdoor voluntary blood donation camps are stored at required temperature. All blood units are screened for transfusion transmitted infections.
- Duly filled requisitions form showing clinical diagnosis, indication for transfusion, date or time of transfusion with history of previous transfusion and having signature of the requisiting doctor with full name, designation and stamp are received from different wards of the hospital.
- Requisition form attached.
- Blood/Blood components are issued after performing ABO grouping, Rh typing and compatibility testing.

Head of the Department:-

- (i) To plan the execution of various orders issued by authorities.
- (ii) Implement teaching & training of undergraduates, post graduates and Para medical students.
- (iii) To designate clinical work, administrative work, committees in charge as among staff members of department.
- (iv) To ensure availability of machinery, equipment, their functioning & availability of consumables through various committees.

Blood Transfusion Officer:-

- (i) Implement teaching & training of undergraduates, post graduates and Para medical students.
- (ii) To ensure availability of machinery, equipment, their functioning & availability of consumables through various committees.
- (iii) To supervise clinical work, administrative work & other department activities.
- (iv) For implementation of execution of various orders issued by Head of Department & Authorities.

Handwritten signature

Senior Residents:-

- (i) Will look after teaching, academic, clinical work and departmental work, whichever assigned to them as part of Deptt. Committees & Sub Committees.

Senior Nursing Officer :-

- (i) Will keep stock register duly updated with their service record and functioning status and each monthly signed by officer incharge. Will keep stock of consumables drugs updated and in advance if anything is about to finish or expire.
- (ii) Will also ensure procurement of consumables from store and indent whenever required, will timely display deficiency in stock so that the same can be intimated to authorities.

Nursing officer:-

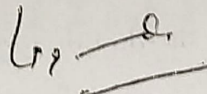
- (i) Maintain record registers including master register, donor register, deferral register etc.
- (ii) Perform phlebotomy & collect blood units from donors.

Lab Technician:-

- (i) To work in different laboratories of the department.
- (ii) To maintain the record of all activities in different labs of the department.
- (iii) To supervise the machinery & equipment and keep the record of AMC/CMC/ Calibration.

Office Clerk:-

- (i) Maintain and keep record of files year wise and numbering of files with catalogue in a register so that everything can be located easily and when required.
- (ii) Will also keep note of official meeting on a board or copy and remind timely to officer.
- (iii) Helps in organizing voluntary blood donation camps by coordinating with various social organizations.



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Blood Transfusion
P. A. D. Sharma, PGIMS, Rohtak

ANNEXURE - 2

FACULTY

Sr. No.	Name	Designation	Qualification	Date of Joining	Mobile Number	E - mail
1.	Dr. Gajender Singh	Sr. Prof. & Head	M.D Pathology	30.09.2017	9416391197	dr.gajender@rediffmail.com

BTO/DEMONSTRATOR

Sr. No.	Name	Designation	Qualification	Date of Joining	Mobile Number	E - mail
1.	Dr. Kusum	Blood Transfusion Officer	MBBS (HCMS CADRE)	28.09.2020	8816828816	drkusumdahiya1974@gmail.com
2.	Dr. Monika	Demonstrator	MBBS, M.D	19.10.2021	9812638029	monikadhankhertani@gmail.com
3.	Dr. Pooja	Demonstrator	MBBS, M.D	19.10.2021	9138161965	pavaria58@gmail.com
4.	Dr. Sangeeta	Demonstrator	MBBS, M.D	26.05.2022	9729483283	sangeetabamel1992@gmail.com
5.	Dr. Balram	Demonstrator	MBBS	02.02.2021	7015180959	balram785@gmail.com

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Sr. Prof & Head
Deptt. of Immunohaematology &
Blood Transfusion
P. U. D. Sharma, PGIMS, Rohtak

DEPARTMENT OF IMMUNOHAEMATOLOGY & BLOOD TRANSFUSION
PT.B.D.SHARMA, PGIMS, ROHTAK

BLOOD DONOR QUESTIONNAIRE AND CONSENT FORM

FOR BLOOD BANK USE ONLY

License No. 280 B(H)

Donor Registration No. / Blood Unit No. : _____		Date : _____
Type of Blood bag & Tube No.: _____		Signature of Phlebotomist _____
Blood Group : _____	Hemoglobin: _____ gm/dl	Signature of Technician _____
Blood Pressure : _____ mm/Hg	Pulse : _____ beats/minute	Weight / Height : _____ Kg
Temperature _____ °F	Accept/ Reason for Defer : _____	Signature of Doctor _____

Confidential ☒ (Tick wherever applicable)

Please answer the following question correctly. This will help to protect your safety and patients who receive your blood.

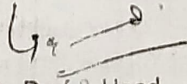
Name : _____	Father's Name : _____	Age: _____	Sex: Male/Female/ Transgender
Address : _____			
Contact No. : _____	Occupation : _____	Type of Donor : Voluntary/ Replacement _____	

- | | |
|---|--|
| 1(a) Have you ever donated blood previously? | Yes/No |
| (b) If yes, on how many times.....duration since last donation.....? | Yes/No |
| (c) Did you have any discomfort during or after any previous donation ? | Yes/No |
| (d) Have you ever been advised not to donate blood? | Yes/No |
| (e) After donating blood do you have to engage in heavy work / drive heavy vehicle or work at height today? | Yes/No |
| (f) Are you differently abled or having communication and sight difficulty? | Yes/No |
| 2. Do you feel well today ? | Yes/No |
| 3. Did you eat in the last 4 hours ? | Yes/No |
| 4. Did you sleep well last night ? | Yes/No |
| 5. Have you any reason to believe that you may be infected by either Hepatitis, Malaria, venereal diseases HIV/AIDS. Are you known HIV positive person or spouse/partner of PLHA (person living with HIV AIDS)? | Yes/No |
| 6 (a) In the last 6 months have you had any history of the following: | Yes/No |
| <input type="checkbox"/> Unexplained weight loss | <input type="checkbox"/> Prolonged & Repeated Diarrhoea |
| <input type="checkbox"/> Lymphadenopathy | <input type="checkbox"/> Prolonged & Repeated fever |
| (b) Persons who inject drugs, have multiple sexual partner or partners of same sex transgender are more likely to be infected with virus causing AIDS. Do you practice any of the above? | Yes/No |
| 7. Do you suffer from or have suffered from any of the following? | |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Chronic Kidney Disease/ Renal Failure |
| <input type="checkbox"/> Endocrine Disease | <input type="checkbox"/> Thyroid Disorder |
| | <input type="checkbox"/> Diabetes |
| | <input type="checkbox"/> Hypertension |
| | <input type="checkbox"/> Hypotension |
| | <input type="checkbox"/> Acute Respiratory Disease/ Lung Disease |
| 8. Do you suffer from or have suffered from any of the following? | |
| <input type="checkbox"/> Jaundice | <input type="checkbox"/> Malaria (3 mth) |
| <input type="checkbox"/> COVID-19 (28 Days) | <input type="checkbox"/> Typhoid (Last 1 yr) |
| <input type="checkbox"/> Measles / Mumps / Chickenpox (2 wk) | <input type="checkbox"/> Zika virus (4mth) |
| <input type="checkbox"/> Headache | <input type="checkbox"/> Conjunctivitis |
| <input type="checkbox"/> Migraine | <input type="checkbox"/> Osteomyelitis (2yr) |
| <input type="checkbox"/> Hepatitis A&E (1yr) | <input type="checkbox"/> Anxiety and mood disorders |
| | <input type="checkbox"/> Acute infection of kidney (6mth) |
| | <input type="checkbox"/> Diarrhoea (1 weeks) |
| | <input type="checkbox"/> Cystitis/UTI(2 weeks) |
| | <input type="checkbox"/> GI Endoscopy (12 mth) |
| | <input type="checkbox"/> Dengue/ Chikungunia (6mth) |
| | <input type="checkbox"/> Cold/Flu |
| | <input type="checkbox"/> Fever |
| | <input type="checkbox"/> Acute sinusitis |
| | <input type="checkbox"/> Chronic sinusitis |

 Sr. Prof & Head
 Deptt. of Immunohaematology &
 PGIMS, Rohtak

9. Have you ever had any of the following?
- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Cancer Surgery | <input type="checkbox"/> Allergic Diseases | <input type="checkbox"/> Skin Diseases |
| <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> G6PD deficiency | <input type="checkbox"/> Abnormal Bleeding Tendency/ Haemophilia | |
| <input type="checkbox"/> Polycythaemia Vera | <input type="checkbox"/> Asthmatic attack | <input type="checkbox"/> Heart Surgery | <input type="checkbox"/> Schizophrenia |
| <input type="checkbox"/> Syphilis | <input type="checkbox"/> Leishmaniasis | <input type="checkbox"/> Leprosy | <input type="checkbox"/> Autoimmune disorder |
| <input type="checkbox"/> Gonorrhoea | <input type="checkbox"/> Sexually Transmitted Diseases | <input type="checkbox"/> Liver Diseases/ Failure | |
| <input type="checkbox"/> Malignancy | <input type="checkbox"/> Haemoglobinopathies /RBC enzyme deficiencies | <input type="checkbox"/> Stomach ulcer | |
10. Are you taking or have taken any drug/Medication? Yes/No
- | | | | |
|--|--|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Antibiotics (14 days) | <input type="checkbox"/> Aspirin (3days) | <input type="checkbox"/> Alcohol | <input type="checkbox"/> Steroids |
| <input type="checkbox"/> Any other Medication | | | |
11. During past few months have you had any of the following?
- (a) Received blood or blood components (12 months) Yes/No
- (b) Any accident / operation (Major 12 months) (minor 6 months) Yes/No
- (c) Received any vaccination (Including COVID -19) and swine flu (15 days) Yes/No
- (d) Bitten by animal (dog or any other) (12 months) Yes/No
- (e) Tattooing/body piercing or acupuncture/ scarification and any other invasive cosmetic Procedure? (12 month) Yes/No
- (f) Have you been imprisoned for any reason? Yes/No
- (g) Have you had close contact with anyone (family/others) suffering from hepatitis or HIV/AIDS Yes/No
- (h) Did you had any tooth extraction or dental surgery under anaesthesia (6 months) Yes/No
12. (a) Are you a recipient of organ, stem cell and tissue transplants? Yes/No
- (b) Have you ever had an unexplained delayed faint or delayed faint with injury or two consecutive faints following blood donation? Yes/No
- (c) Are you a resident of other country? If yes, since how long you staying in India? Yes/No
13. Physiological status for Women Donors.
- (a.) Are you pregnant or recently delivered? Yes/No
- (b.) Have you had any abortion in the last 6 month? Yes/No
- (c.) Is the child still breast – feeding? Yes/No
- (d.) Are you having your menstruation periods today? Yes/No
14. Have you read and understood all the information presented and answered all the question truthfully, as any incorrect statement or concealment may affect your health or may harm the recipient Yes/No
15. I understand that
- (a) Blood donation is a totally voluntary act and no inducement or remuneration has been offered Yes/No
- (b) Donation of blood components is a medical procedure and that by donating voluntary, I accept the risk associated with this procedure Yes/No
- (c) Blood will separated into blood components for any needy patient and plasma unutilized will be given for fractionation into products like albumin, Factor VIII(etc.) Yes/No
- (d) My blood will be tested for Hepatitis B, Hepatitis C, Malaria parasite, HIV AIDS and Venereal safety diseases in addition to any other screening tests required to ensure donor and recipient. Yes/No
- (e) I have been explained about Post Donation precautions Yes/No
16. I give consent for
- (a) Blood Donation Yes/No
- (b) Use of plasma for fractionation Yes/No
- (c) To know the results of blood testing Yes/No
17. Test results can be known personally from the Department within 15 days. Yes/No

Signature of M.O.


 Sr. Prof & Head
 Deptt. of Immunohaematology &
 Blood Transfusion
 Pt. B. D. Sharma, PGIMS, Rohtak

Signature of Donor

DEPARTMENT OF TRANSFUSION MEDICINE, PGIMS, ROHTAK REQUISITION FORM-BLOOD/BLOOD COMPONENTS

S. No.

Licence No. 280B(H)

5 ml sample in plain vial and 2ml in EDTA vacutainer & the vacutainer must be labeled with GUM PASTED PAPER ONLY.

- Requisition form and sample with discrepancy are UNACCEPTABLE.
- This form will not be accepted if it is not signed or any section is left blank.
- Fill the Requisition form with ball pen only. (No Gel/Ink pen)

Patient's Name _____ S/o, D/o, W/o _____ C.R. No. _____ Age _____ Sex _____
Ward/Bed No. _____ Diagnosis _____ Clinician Incharge _____ Income _____
Blood Group _____ Rh _____

Indication for transfusion :

- ☐ Bleed ☐ Exchange transfusion ☐ Trauma ☐ Dialysis
☐ Anaemia ☐ Surgery ☐ IUT ☐ Burn

For exchange transfusion please send mother's sample also (3:ml in plain vial)

Please Specify the date and time for requirement of Transfusion _____

Per-transfusion haematological values :

Hb _____ g/dl : Platelet Count _____ x10⁵/ul : Prothrombin time _____ seconds

Quantity of Blood/Blood Component required (units) :

Whole blood _____ Packed red cells _____ FFP _____ Platelet Concentrate _____

Previous Transfusion ☐ Yes ☐ No; if yes, Blood Group of unit transfused _____ Date _____ ☐ in PGI

☐ Outside PGI

Blood bag No. _____ Adverse Reaction, if any ☐ Yes ☐ No

(In case of previous transfusion, please attach complete filled & duly signed reaction form)

Certified that I have personally collected the blood sample after identification of Patient's C. R. No. and name etc. I have explained the necessity of blood/component transfusion and the risk associate with it to patient/relatives. Please issue blood on urgent/routine basis.

Urgent (Immediate spin crossmatch technique)
Routine (AHG crossmatch technique)

CONSENT

Blood Transfusion is a life saving medical procedure. Blood can be given as which blood or as components such as Red Cells, Platelets, Plasma and Cryoprecipitate.

1. I/My patient have been informed of the transfusion options available and expected benefits of transfusion of blood and/or components.
2. I/My patient agree to the administration of blood and/or components in the interest of proper medical care.
3. I/My patient understand that blood/blood components to be administered have been prepared and tested in accordance with rules established by National Regulation. However, there is still a very small chance that an adverse reaction can occur such as : fever with or without chills and rigor, itching and hives, which are treatable. Rarely an unpredictable life threatening Event can also occur.
4. I/My patient have been informed that despite mandatory screening for blood borne infections such as HIV, Hepatitis B, Hepatitis C, Syphilis and Malaria, the risk of acquiring these infections is not totally eliminated.
5. I/My patient have had the opportunity to ask questions about transfusions, alternatives to transfusion, risk of not transfusing that procedures to be used and the relative risks and hazards involved.
6. I/My patient believe that I have been sufficiently informed to make a decision to give a consent for transfusion of blood/blood components.
7. I/My patient have been informed and explained the above in language that I/my patient understand.

AUTHORIZATION BY PATIENT

Patient/Relative Signature/Thumb impression _____

Relationship with patient _____

Date : _____

Place : _____

Resident I/c Signature _____

Name _____

Designation _____

Remarks/Note-Overleaf

- 1) No. of donors being sent along :
- 2) Particulars of donors :
Name _____

Sr. Asst. & Head
Dept. of Transfusion Medicine &
Blood Bank
Dr. P. J. Sharma, PGIMS, Rohtak
Relation _____

Sign.
Full Name
Designation

4. In case no donors are available detailed recommendation of Head/Consultant of Unit.

CROSS MATCH RECORD
PATIENT'S BLOOD GROUP

Cell Grouping				Serum Grouping			Blood Group	
Anti B	Anti A	Anti AB	Anti D	A cells	B Cells	O Cells	ABO	Rh (D)

Auto Control : Positive/Negative

Routine Crossmatch Report

S.No.	Blood Bag No.	Blood Group	Quantity of WB/PRBC (ml)	Saline X-match (Room temperature)		AHG X-Match (37°C)		Compatible	
				Major	Minor	Major	Minor	Yes	No

Immediate Spin Crossmatch Report

S.No.	Blood Bag No.	Blood Group	Quantity of Blood (ml)	Immediate spin crossmatch	Compatible	
					Yes	No

Signature of Medical Officer

Signature of Medical Technologist

Date _____ **Time** _____ **AM/PM**

Declaration :-

We (the treating doctor, patient and patient's Guardian) do hereby solemnly declare that any official of the Blood Bank department or any Authority of the PGIMS, Rohtak will not be held responsible for any consequences, What so ever, on account of blood transfusion given to patient.

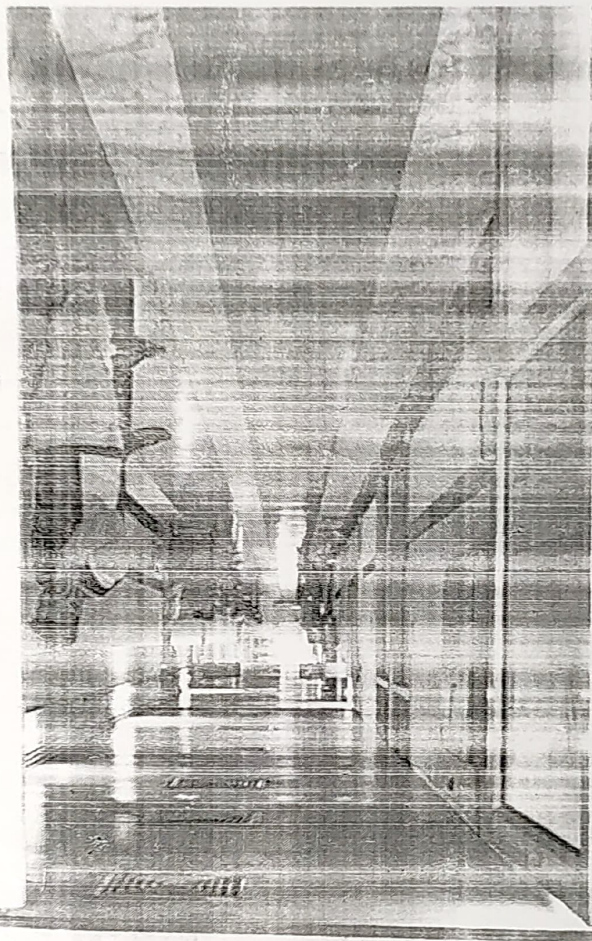
Patient/Guardian Signature

[Signature]
Sr. Prof & Head
Deptt of Immunology
PGIMS, Rohtak
Pt. B. D. Sharma, Rohtak

**Doctor Signature
with stamp
Private Nursing Home
Rohtak**

Sr. Prof & Head
Dept. of Immunohaematology &
Blood Transfusion

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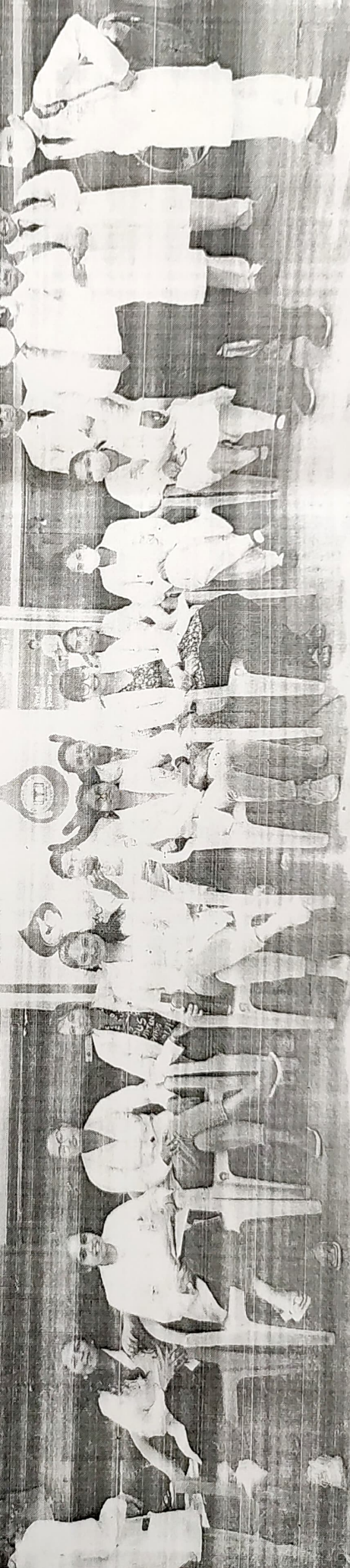


IMMUNOHEMATOLOGY & BLOOD
TRANSFUSION DEPARTMENT

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तदन मला दान


POSTGRADUATE INSTITUTE OF DENTAL SCIENCES
 PT. S. D. SHARMA UNIVERSITY OF HEALTH SCIENCES ROHTAK
 VOLUNTARY BLOOD DONATION CAMP & RELIEF FUND FOR THE OLDER
 THANKING ALL
 APART OF ROHTAK CITY
 15/01/2020



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Sr. Prof & Head
 Deptt. of Immunohaematology &
 Blood Transfusion
 Pt. S. D. Sharma, PGIMS, Rohtak




Sr. Prof & Head
Deptt. of Immunohaematology



Sr. Prof & Head
Deptt. of Immunohaematology & ...



Sr Prof & Head



Sr. Prof & Head
Deptt of Immunohaematology &