



Department of Transfusion Medicine & Blood Bank, AIIMS, Patna

Requisition Form

* 3-5ml Sample in plain vial and 2ml in EDTA vial & the vial(s) must be labelled properly & clearly.
* 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.

Patient's NameEvolko ID.....Age.....M/F
Dept.Faculty Incharge.....Ward/ Bed.....
DiagnosisBlood Group (if known).....Rh.....

Indication for Transfusion:

[] Bleed [] Exchange transfusion*[TSB value____] [] Trauma
[] Dialysis [] Anaemia [] Surgery [] IUT
[] Burn [] Others

* For exchange transfusion please send mother's sample also [3ml in plain vial & 2ml EDTA vial]

*Pre- transfusion Hb: _____gm/dl.

*Kindly Mentioned: - Sero Positive Status [], Sero Negative Status [].

Result Awaited [] (if Known).

Quality of blood unit(s) required:

PRBC [], FFP [], CRYO [], PLASMA [], PLATELET [].

Previous Transfusion [] YES [] NO. Unit nos. _____

[If yes, please attach completely filled & duly signed reaction form] Adverse reaction, if any [] YES [] NO.

Certified that I have personally collected the blood sample after identification of Patient's Name, Evolko ID etc. I have explained the necessity of blood transfusion and the risks associated with it to patient/ relatives.

[] Routine [AHG cross match technique]. [] Emergency [Spin cross match technique].

Time.....a.m/p.m Signature.....JR/SR.....

Date...../...../..... Name.....Contact Number.....

Space to be used by the Department of Transfusion Medicine & Blood Bank, AIIMS, Patna

Received ata.m/p.m Date.....Patient's Identification matched with sample/vial [YES/NO]

Signature of staff on Reception.....

Cell Grouping			
Anti A	Anti B	Anti AB	Anti D

Patient's Preliminary Blood Group:

Signature of Medical Technologist:

Remark of Resident for the case:

Signature/Date/Time*.....

(* Time is essential in cases put up for emergency cross match).

* Mandatory to fill the Star Mark.

CROSS MATCH RECORD

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

**Auto Control: Positive/ Negative
For PRBC/WB**

S. No	Date	Blood Unit No	Blood Group (ABO & Rh)	Volume of WB/PRBC	Immediate Spin/Saline cross match at RT		AHG cross match (37°C)		Compatible	
					Major	Minor	Major	Minor	Yes	No

FOR Components

S. No	Date	Component Unit No	Tube No	Blood Group	Quantity	Type of Components

Signature of Technologist

Signature of M.O/SR/JR on duty

Date: - / /

Time:- ____: ____ a.m./p.m.