



OFFICE OF THE CHIEF EXECUTIVE OFFICER
BLOOD TRANSFUSION AUTHORITY (BTA)
HEALTH DEPARTMENT KHYBER PAKHTUNKHWA



Detailed Information Form

Name of Blood Bank: _____

Address: _____

Name of In-charge: _____

Telephone No: _____ Cell No: _____

E-Mail Address: _____ Fax No: _____

BUILDING

- ▶ Is the location/approach/premises to the blood bank as per work load?
- ▶ Are sign boards/direction boards installed for patient guidance?
- ▶ Is the building well maintained i.e. white washing etc?
- ▶ Is lighting and ventilation, general cleanliness satisfactory?
- ▶ Is power back up available?
- ▶ Are procedures displayed for patients?
- ▶ Are procedures displayed for donor guidance?
- ▶ Are safety and hygiene instructions displayed?

SPACE MANAGEMENT

- ▶ Is donor Management area available
- ▶ Is Blood Testing/Screening/processing area available
- ▶ Is there storage area available

BLOOD DONOR MANAGEMENT UNIT

Address: Regional Blood Centre, Phase IV, Hayatabad, Peshawar.
Contact: (091) 9224354, 9224355, E-mail: btakp111@gmail.com



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➤ Counseling in privacy area available

➤ Are history/physical examination/donor consent forms in use

➤ Is Post Donation care provided

BLOOD GROUPING

➤ Forward Grouping

➤ Reverse Grouping

SCREENING

➤ HBs AG HCV HIV Syphilis Malaria

BLOOD COLLECTION

➤ Is venipuncture done properly?

➤ Is proper collection of blood being done?

➤ Is proper sealing of tubes and labeling done?

➤ Is Blood shaker equipment available?

COMPONENT PREPARATION/STORAGE

➤ RBC Concentrates Cryoprecipitate FFP

Platelets

➤ Temperature Monitoring of stored Blood

➤ Storage equipment

➤ Blood Storage cabinet

FFP Fr

Platelets agit



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ISSUANCE OF BLOOD

- ▶ Standard Request forms & issuance register
- ▶ Cross matching procedure.
Saline Albumin Phase Coombs Phase Gel cards
- ▶ Are instruction for transport of blood given
- ▶ Is post transfusion feedback mechanism present
- ▶ Is there an adverse reaction register being maintained

EQUIPMENT DATA

S.No	Name of Equipment	Number	Working	Out of order
1	Blood Collection Mixer			
2	Tube Sealer			
3	Weighing Scale			
4	Equipment for HB Estimation			
5	Safety equipment and Supplies			
6	Blood storage Cabinet			
7	TTI Screening Equipment			
8	Plasma freezer (FFP)			
9	Water Bath			



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10	Refrigerated Centrifuge			
11	Plasma Extractor			
12	Blood Cell Irradiator			
13	Blood Cell Separator			

RECORDS

➤ Are records computerized?

➤ Is each entry authenticated with signatures of the official concerned?

S.No	Record Type	Yes/No.	S.No	Record Type	Yes/No
1	Donor Record		5	Cross-match Record	
2	Blood Grouping record		6	Transfusion Reaction record	
3	Blood Collection Record		7	Blood Products Record	
4	TTI Screening Record		8	Shift Taking over Register	

PERFORMANCE OF PREVIOUS YEAR

S.No	Procedure	No.	S.No	Procedure	No.
1	Blood Group Testing		4	Storage	
2	Blood Collection		5	Distribution	
3	TTI Screening		6	Cross match performed	



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1. Is there evidence of constitution of Hospital Transfusion Committee (HTC) and meeting schedule of HTC?
2. Is there a documented system available for the recall of any component(s) causing adverse effects and all other components linked with that component(s) Yes No
3. Are there Hazards management (Fire, Electricity etc, Safety & Hygiene instructions displayed Yes No
4. Standard waste management practices followed? Yes No
5. Is there any mechanism of quality control/TQM/Accreditation? Yes No

Signature
In-charge Blood Bank.