

COMPATIBILITY REPORT

ISSUE VOUCHER FOR BLOOD/BLOOD COMPONENT (WITH CROSS-MATCH)

Date:08/06/2019 03:25:31 PM

Howrah District Hospital Blood Bank, Howrah

Phone:03326411227, Email:indh.bloodbank@gmail.com

S.No.: 19124190002892
 X-Match by: dhhw
 Name of Pt.: BABY MAJUMDER
 Age/Sex: 48 Y/F
 Adm./CR No.: 1900128248
 Bloodgroup: B+
 Hospital: HOWRAH DISTRICT HOSPITAL
 Ward: FMW
 Bed No.: X69

S.No	Bag No	Tubing No	Bag Type	Blood Group	Volume	Date Of Expiry
1	19/DHH/106/5		WB	B+	350 ml	07-JUL-19

Issue Against: (Thalassemia / RD / Instruction by HOD)

Issued To : PATIENT PARTY

ICT: DCT: AUTO Date & Time 08-Jun-2019 15:26:00 Issued By: dhhw

Adverse Transfusion Reaction Report

(In case of adverse transfusion reaction remaining blood in the bag with giving set should be send immediately to the blood bank along with details of reaction and fresh sample of the patient in EDTA & plain vial)

Patient's Name Adm/Reg. No Hospital Name Blood Bag No. Name of Product Date Time of Start

AM/PM Stopped at AM/PM
 Rate of transfusion Min
 Amount Transfused.....ml(approx.)

Chill
 Oliguria/Anuria
 General Bleeding

Fall in B.P.
 Chest Pain
 Anaphylactic reaction
 Dyspnoea
 Temperature
 Haemoglobinuria
 Back Pain
 UrticariaShock

Any Other.....
 Date & Time.....
 Signature of Medical Officer
 Designation

** R. C. Majumder*
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for impled
 District Hospital Howrah
 BLOOD BANK