

SIX MONTHLY BLOOD BANK REPORT (Contd)

Hospital: _____

Months/Year: _____

Number of blood donors deferred:

Total: _____

Low Hb: _____

Positive medical history: _____

Risky Behaviors: _____

History of travel to malaria endemic region: _____

Others: _____

Number of Transfusion reactions occurred in your facility:

By Types:

- Febrile, non-hemolytic reactions: _____
- Febrile, hemolytic reactions: _____
- Allergic reactions: _____
- Other types: _____
- Total : _____

Number of donation camps conducted in this period: _____

Sent By:

Name of the laboratory technician: _____

Signature: _____

Contact details: _____

Please write clearly and Fax this report to 975-2-323812, ATTN: Dr Mahrukh Getshen, JDW /NRH Blood Bank or e-mail at getshen@yahoo.com and copy to PO, DSP, HCDD, DMS at Fax# 02 321446 or e-mail at dorjeen02@health.gov.bt