

मध्यप्रदेश राज्य रक्ताधान परिषद्

संचालनालय स्वास्थ्य सेवाएँ

सतपुड़ा भवन, भोपाल-462004

दूरभाष क्र. 2527114, ई-मेल mpsbtc@gmail.com

क्रमांक एस.बी.टी.सी./2017/1288

भोपाल, दिनांक 08/09/2017

प्रति,

1. संचालक,
ऑल इंडिया इंस्टीट्यूट ऑफ मेडिकल साइंसेस (एम्स), साकेत नगर, जिला भोपाल/
भोपाल स्मारक अस्पताल एवं अनुसंधान केन्द्र (बीएमएचआरसी), जिला भोपाल (म.प्र.)
2. अधिष्ठाता,
शासकीय मेडिकल कॉलेज-भोपाल/इंदौर/ग्वालियर/जबलपुर/रीवा (म.प्र.)
3. समस्त सिविल सर्जन सह मुख्य अस्पताल अधीक्षक,
मध्यप्रदेश।
4. अधीक्षक,
इन्दिरा गांधी गैस राहत चिकित्सालय भोपाल/सिविल हॉस्पिटल, इटारसी (होशंगाबाद)/
रानी दुर्गावती, सिविल हॉस्पिटल, जबलपुर/सिविल हॉस्पिटल, भानपुरा (मंदसौर) (म.प्र.)
5. समस्त सी.एम.ओ.
कस्तूरबा हॉस्पिटल बी.एच.ई.एल., भोपाल/ डब्ल्यू.सी.एल बड़कुई छिन्दवाडा/
डब्ल्यू.सी.एल पाथाखेड़ा बैतूल/बुढार सेन्द्रल हॉस्पिटल एस.ई.सी.एल. धनपुरी शहडोल/
प्रभारी नेहरु शताब्दी चिकित्सालय, सिंगरौली।
6. समस्त प्रायवेट/लायन्स /रोटरी /इंडियन रेडक्रास सोसायटी,
ब्लड बैंक, मध्यप्रदेश।

विषय:- Bulk Transfer of Whole Blood & Components between Blood Banks.

संदर्भ:- क्रमांक/एस.बी.टी.सी./2015/1278 दिनांक 09/11/2015

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उपरोक्त विषयान्तर्गत संदर्भित पत्र से Bulk Transfer of Whole Blood & Components between Blood Banks के संबंध में निर्देश जारी किये गये थे। इसी तारतम्य श्री एन.एस. कंग, अंपर सचिव, भारत सरकार, स्वास्थ्य एवं परिवार कल्याण मंत्रालय, राष्ट्रीय एड्स नियंत्रण संगठन के डी.ओ. नं. एस-12015/04/2015-एनबीटीसी दिनांक 28.10.2015 द्वारा Bulk Transfer of Whole Blood & Components between Blood Banks के संबंध में दिये गये दिशा-निर्देश एवं Form- A & B की प्रति आवश्यक कार्यवाही हेतु संलग्न प्रेषित है।

संलग्न:-उपरोक्तानुसार 4 पेज।



(डॉ. के.के. ठस्सू)

संचालक

म.प्र. राज्य रक्ताधान परिषद्

पृ.क्रमांक एस.बी.टी.सी./2017 /

भोपाल, दिनांक / /2017

प्रतिलिपि:-सूचनार्थ एवं आवश्यक कार्यवाही हेतु :-

1. ड्रग कन्ट्रोलर जनरल (इंडिया), भारत सरकार, डायरेक्टर जनरल ऑफ हेल्थ सर्विस, केन्द्रीय औषध मानक नियंत्रण संगठन, एफडीए भवन, कोटला रोड, नई दिल्ली-110 002
2. प्रमुख सचिव, म.प्र. शासन, लोक स्वास्थ्य एवं परिवार कल्याण विभाग, मंत्रालय, भोपाल।
3. प्रमुख सचिव, म.प्र. शासन, चिकित्सा शिक्षा विभाग, मंत्रालय, भोपाल।
4. संचालक, राष्ट्रीय रक्त संचरण परिषद् (NBIC), स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार, चन्द्रलोक बिल्डिंग, 36 जनपथ, नई दिल्ली-110 001
5. आयुक्त स्वास्थ्य एवं नियंत्रक, खाद्य एवं औषधि प्रशासन, स्थानीय कार्यालय।
6. मिशन संचालक, राष्ट्रीय स्वास्थ्य मिशन, मध्यप्रदेश, अरेरा हिल्स, भोपाल।
7. परियोजना संचालक, म.प्र. राज्य एड्स नियंत्रण समिति, भोपाल।
8. संचालक, चिकित्सा शिक्षा, संचालनालय चिकित्सा शिक्षा, सतपुड़ा भवन, भोपाल।
9. डिप्टी ड्रग कन्ट्रोलर जनरल (इंडिया), भारत सरकार, केन्द्रीय औषध मानक नियंत्रण संगठन, पश्चिम खण्ड, स्वास्थ्य एवं परिवार कल्याण मंत्रालय, चौथा तल झोनल एफ.डी.ए. भवन, जी.एम.एस.डी. कम्पाउंड, विलासी रोड, मुम्बई सेन्ट्रल, मुम्बई-400 008
10. समस्त क्षेत्रीय संचालक, स्वास्थ्य सेवायें, मध्यप्रदेश।
11. समस्त मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी, मध्यप्रदेश।
12. अनुज्ञापन प्राधिकारी, खाद्य एवं औषधि प्रशासन, भोपाल।

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संचालक

म.प्र. राज्य रक्ताधान परिषद्

DOCUMENT- 8

GUIDELINES ON BULK TRANSFER OF BLOOD.



सत्यमेव जयते

एन. एस. कंग, भा.प्र.से
अपर सचिव

NAVREET SINGH KANG, IAS
Additional Secretary



भारत सरकार

स्वास्थ्य एवं परिवार कल्याण मंत्रालय

राष्ट्रीय एड्स नियंत्रण संगठन

Government of India

Ministry of Health & Family Welfare

National AIDS Control Organisation

D.O. No. S-12015/04/2015-NBTC

Dated 28 October 2015

Dear,

I am writing this to highlight an important initiative that can lead to increase in the efficiency of Blood Transfusion Service in the country, namely permitting bulk transfer of blood between licensed blood banks.

2. You would be aware that there have been reports about surplus blood being wasted in some blood banks, whereas scarcity of blood is reported in other parts of the country at the same time. To obviate this, a policy regarding promoting transfer of blood from one blood bank to another blood bank has been under consideration for some time. The subject was initially considered by a group of experts, and has been approved by the National Blood Transfusion Council in its meeting of 05.08.2015. The Health Ministry has also granted its approval to the new initiative.

3. Bulk transfer of blood and blood components amongst licensed blood banks in the country would henceforth be allowed under the following conditions.

- I. Transfers shall be allowed between licensed blood banks in any sector (Public, NGO, and Private).
- II. Transfer of blood and components in bulk shall be permitted across State borders to also ensure the availability at the point of need.
- III. All transfers shall be done at the recommended temperature and as per prescribed storage conditions for whole blood and components. The supplier blood bank shall be responsible for compliance thereof.
- IV. The recipient blood bank should have the capacity to hold the units requested for, at appropriate temperature till the time of utilization.
- V. Broad based donor consent should be incorporated in the standard donor form to ensure that the donor agrees to his blood unit being utilized beyond the blood bank where it is donated.
- VI. The supplier blood bank can levy the prescribed processing charges on the patient/recipient/recipient blood bank as per NBTC norms. However, the recipient blood bank can levy only processing charging for compatibility testing (cross-matching), in addition to charges levied by the supplier blood bank, from the patient/recipient for such transferred units.

6th Floor, Chandralok Building, 36 Janpath, New Delhi -110001, Telefax : 011-23325331/ 23351700

E-mail : nacoasdg@gmail.com

अपनी एडआईवी अवस्था जानें, निकटतम सरकारी अस्पताल में मुफ्त सलाह व जाँच पाएँ
Know Your HIV status, go to the nearest Government Hospital for free Voluntary Counselling and Testing

- VIII. Records of traceability shall be retained throughout the process.
- IX. Supplier blood bank would be responsible for all the complications except for those related to compatibility testing, which will be the responsibility of the recipient blood bank. Recipient blood bank shall report and evaluate all the adverse transfusion reactions, including those happening due to blood that has been transferred from supplier blood bank.
- X. Documents accompanying transfer shall include TTI testing report and record of transport in appropriate temperature.
- XI. All recipient blood banks are considered deemed approved to act as functional storage centers for blood and blood components, even though the upper limit of 2000 units utilization per annum is not applicable.
- XII. All blood banks and storage units be instructed to issue blood to all patients needing transfusion and not restricting blood issue to captive requirements of institution to which they are attached.
- XIII. Blood banks would be informing regarding bulk transfers to SBTC and in case of inter-state bulk transfers to NBTC.
4. The formats for request and issue of bulk transfer of blood are enclosed, and may be followed in the interest of maintaining uniformity of record.
5. I would seek your personal attention towards successful implementation of this policy.

With regards,

Yours sincerely,

N.S. Kang
(N.S. Kang)

Encl: A/A.

To

All Principal Secretary (H)

Copy to:

1. All Director, Health Services
2. All Project Director State AIDS Control Societies

R S Gupta
(R S Gupta)
DDG(BTS)

A- Request Form for Inter Blood Bank Transfer of Blood/Components

Date:.....

Time:.....

To.

The Blood Bank I/C,

Name & Address of Blood Bank (Supplier)

.....
.....
.....

Dear Sir/Madam,

Please issue the following tested Blood Units/ Components as detailed below for use in Blood Bank at requisite temperature.

S.No	Blood Group	Whole blood/Components	No. of units required
1			
2			
3			
4			
5			

Name of I/C Blood Bank (Recipient)
Blood Bank Name & Contact Details

.....
With Signature & Seal

Receipt

1. Name of Supplier Blood Bank:- _____

2. Address _____

3. Phone Number: _____

4. License No. _____ Valid upto: _____

5. RBTC: YES/NO _____

Received request dated.....as detailed above.

Signature of C Blood Bank (Supplier) with seal

Date

Time

Note : Fill two copies of this form. One signed copy of each to be retained in supplier blood bank and recipient blood bank.

B- Issue form for Inter Blood Bank Transfer of Blood/Components

Date:.....
Time:.....

To.
The Blood Bank I/C,
Name & Address of Blood Bank (Recipient)
.....
.....
.....

Dear Sir/Madam,

The following units of Blood / Components are issued for use in your Blood Bank as per request dated It is certified that all units detailed below are tested and found non-reactive for TTI (Syphills, Malaria, HIV, HBV, HCV) and are being transported in requisite temperature.

S.No	Blood Unit No.	Blood Group	WB/ Comp	Date of Collection	Date of Expiry	Status of Testing				Date of Testing	Segment No.
						Syphills	Malaria	HIV	HBV		

SUPPLIER
Name of I/C Blood Bank (Recipient)
Blood Bank Name & Contact Details
.....
With Signature & Seal

Receipt

- Name of Supplier Blood Bank:- _____
- Address _____
- Phone Number: _____
- License No. _____ Valid upto: _____
- RBTC: Yes/No _____

Received Blood and Blood Components as detailed above.

RECIPIENT
Signature of C Blood Bank (Supplier) with seal
Date
Time

Note : Fill two copies of this form. One signed copy of each to be retained in supplier blood bank and recipient blood bank.