



Government of Jammu & Kashmir
Health & Medical Education Department
Civil Secretariat, Jammu.

Subject: Bulk Transfer of Blood & Blood Components.

Reference: Minutes of the 5th Governing Body meeting of J&K State Blood Transfusion Council (JKSBTC) Jammu dated 22nd January 2019.

Government Order No: 352-HME of 2019

Dated: 25-03-2019

Sanction is hereby accorded for bulk transfer of blood and blood components amongst the licensed blood banks in the country and across the State borders in order to avoid the wastage of surplus blood available with the blood banks, subject to the fulfillment of conditions as enshrined in NACO guidelines on Bulk Transfer of Blood, issued under D.O No: S-12015/04/2015-NBTC dated 28.10.2015.

Bulk transfer of blood and blood components amongst licensed blood banks 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 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 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.

- vii) Records of traceability shall be retained throughout the process.
- viii) 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.
- ix) Documents accompanying transfer shall include TTI testing report and record of transport in appropriate temperature.
- x) 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.
- xi) 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.
- xii) Blood banks would be informing SBTC regarding bulk transfers in State and in case of inter-state bulk transfers to NBTC.

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.

By order of the Government of Jammu & Kashmir

Sd/-
(Atal Dulloo), IAS
Principal Secretary to Government
Health & Medical Education Department
(President, State Blood Transfusion Council)

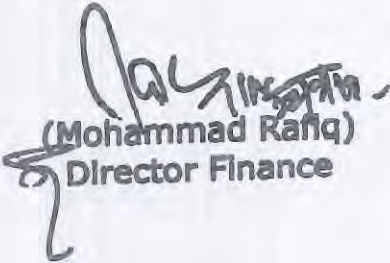
No: JKSACS/SBTC/19/04

Dated 25th -03-2019

Copy to the:

1. Additional Secretary to Government of India, Ministry of Health & Family Welfare, National AIDS Control Organization.
2. Principal Government Medical College Srinagar / Jammu / Anantnag / Baramulla / Rajouri / Doda / Kathua.
3. Director Health Services Kashmir / Jammu.
4. Mission Director, National Health Mission, J&K, Jammu / Srinagar.
5. Director, Indian System of Medicines, J&K, Jammu.
6. Director Family Welfare, MCH & Immunization, J&K, Jammu.

7. Project Director, J&K State AIDS Control Society, J&K, Jammu.
8. Controller, Drug & Food Control Organization, J&K, Jammu.
9. General Secretary, Indian Red Cross Society.
10. I/C Blood Bank _____
11. Pvt. Secretary to Principal Secretary to Government, H & M E Department.
12. Government Order file/ stock file.


(Mohammad Rafiq)
Director Finance


25/3/99

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 (Syphilis, 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. |
|------|----------------|-------------|----------|--------------------|----------------|-------------------|---------|-----|-----|--|-----------------|---------------|
| | | | | | | Syphilis | Malaria | HIV | HBV | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

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 Blood and Blood Components 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.