

Requirements for Applying for Approval of Blood Storage Centre.
(For Govt. Institutions)

1. Application (on plain paper) for approval of Blood Storage Center.
Application should be addressed to the Drugs Controller, Rajasthan.
The names of M.O. and Technician should be mentioned in the application.
2. Undertaking from the applicant (As per Annexure I).
3. Map/ Layout of the Blood Storage Centre (2 copies).
Area of Blood Storage Centre: 10 sq. m (approx. 110 sq. ft.). It should be well lighted, clean and preferably air-conditioned (not essential). The floor should be smooth.
4. Allotment Letter of Room (from hospital incharge) for Blood Storage Centre.
5. Consent Letter from the Mother Blood Bank for supply of Whole Human Blood / Blood components to the applicant Blood Storage Centre. (Annexure II)
6. Copies of documents of qualification (degree) and experience (certificate of training in blood Bank) of Medical Officer Incharge of Blood Storage Centre.
7. Documents of qualification & experience of Technician. (Trained in blood grouping and cross matching).
8. List of machines and equipments (with make & model) such as – blood bank refrigerator, centrifuge, microscope, water-bath, autoclave, incubator, refrigerator, Rh view box, etc.
Blood Bank refrigerator fitted with alarm device and temperature indicator with regular temperature monitoring.
A separate list of equipments for blood components would be enclosed if proposed to be stored.
Purchase invoices of the above need to be submitted.
9. List of Reagents and Chemicals, and Glassware.
10. Arrangement for continuous supply of electricity.
11. Arrangement for Bio-medical waste management.

Annexure –I

Undertaking

I, Dr. _____ S/o Sh _____ aged about ____ years, R/o _____ solemnly affirm on oath and undertake:

1. That I am Medical Officer at _____ and shall also be Incharge and responsible for the Blood Storage Centre at _____ .
2. That I have passed MBBS in the year ____ and post-graduation ____ from _____ in the year _____.
3. That I have undergone a training of ____ weeks at _____ in Blood Banking. That I have got adequate knowledge and experience in blood group serology and methodology and medical principles involved in blood and its components.
4. That the consent letter from MS/ PMO/ Incharge Blood Bank _____ has been obtained for supply of tested blood.
5. That the Blood Storage Centre has a carpet area of ____ Sq. m.
6. That Blood Bank Refrigerator with alarm system and Temperature indicator is provided in the Blood Storage Centre.
7. That Shri _____ is working as Blood Bank Technician in Blood Storage Centre who has DMLT qualification passed in ____/ or, has experience of ____ years in Blood Bank to gain experience.
8. That I shall inform the Drugs Controller Rajasthan regarding my leaving the services as In-charge of Blood Storage Centre.
9. That I shall abide by the relevant provisions of the Drugs & Cosmetics Act and Rules.

Deponent

Verification

I, Dr. _____ S/o _____ solemnly state that all the facts in 1 to 10 above are true and verified by me.

Signature

Consent letter from the Incharge of Parent Blood Bank to the Incharge, Blood Storage Centre

To,
The Incharge,
Blood Storage Centre,
.....

Subject :- Consent letter for supply of Blood.

This is to inform that the Blood Bank
is licenced to operate Blood Bank for collection, storage and processing of Whole Human Blood / Blood components under Drugs & Cosmetics Act, 1940 & Rules made there under bearing license No..... Dated
Valid up to.....

The consent to supply **Whole Human Blood / Blood Components*** is given subject to the condition that proper storage conditions shall be maintained as per pharmacopoeia and the blood shall be labeled as per Drugs and Cosmetics Act & Rules there under.

That all the mandatory tests like Blood grouping, Hb content, freedom from HIV I & II, antibodies, Hepatitis B, surface antigen, Hepatitis-C antibody, Malaria Parasite and VDRL are being done in the Blood Bank and the blood will be supplied to the Blood Storage Centre, after the Blood unit complies w.r.t. all above tests.

That the date to testing and dated of expiry shall be indicated on each blood bag. Separate register for supply of blood units to your Blood Storage Centre shall be maintained giving all the details.

*Blood Components to be specified.

Signature
Name ()
I/C, Blood Bank.....
(Seal)

Date.....