

J&K State Blood Transfusion Council

Nursing Home Registration Form

Full name of the applicant

Full residential address of the applicant

Technical qualifications, of the applicant

Nursing home contact No.

Name of the nursing home/hospital

Place where the nursing home is situated

Brief description of the construction size and equipments of the nursing home/hosp. or any premises used in connection therewith

Whether the nursing home or any premises used in Connection are used or are to be used for purposes Other than that or carrying on a nursing home/hosp.

Yes No

<input type="checkbox"/>	<input type="checkbox"/>
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Name age and qualification (s) of the medical Practitioner (s) supervising the nursing home/hosp.

Name age qualification (s) of the visiting physicians and surgeons In the nursing home/hosp.

Total no. of beds

Mention monthly blood Unit's utilisation

No. of beds for maternity patients

Mention annually blood unit's utilisation

No. of beds for other patients: (specialty wise)

Number of single unit transfusions in a year

No. of free beds. (if applicable)

Number of major surgeries done per year

Distance of nursing home/hosp. from
Nearest blood bank

 (in km)

Number of minor surgeries done per year.

Whether operation theatre facility is available at your hospital.

Yes No

Is your blood bank affiliated to any existing blood bank in the
District

Yes No

From which blood bank you are making
Blood available to the patient in present
Situation?

How the cold chain is maintained (while carrying)
blood from blood bank to nursing home/hosp.

Is there any blood storage equipment, blood bank refrigerator available with nursing home/hosp.

If blood unit is not utilized, (some times)
Discarded? How it is

whether blood components are utilized at you
nursing home/hosp mention names of blood
Components.

Do you regularly send the feedback about successful
Transfusion or adverse reaction to blood bank.

Yes No sometimes

Do you wish to create storage facility at your
Hosp/nursing home,

yes if yes how soon

Do you need any technical support about blood transfusion/
Component usage/ blood conservation techniques.

yes No

Do you practice autologous blood transfusion/ intraoperative Salvage techniques

yes No

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Do you have computer & internet facility.

Yes No

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Name

Tel. Office/Hospital

Tel. Residential

Fax

Mobile

Email

District:

Website