	Monthl	y Input Formats for Blood Ba	nks							
Name of Blood Bank:	MyBlood Charitable Blood Center									
Sub Type	Charitable Blood Bank		Category		Blood Bank					
Address of Blood Bank:	Mahesh Foundation 1st	Mahesh Foundation 1st and 2nd floor Siddheshwar Nagar, Kanabargi, Belagavi								
District	Belagavi Block				Belagavi					
City:	Belagavi	Belagavi			590015					
Blood Component Separation Facility Available? (1=Yes, 2=No)		1=Yes							
Attached to any Storage Units? (1=yes, 2=No)	2=No		1							
Status of License		Valid Upto (dd/mm/yyyy)	09/11/2028	License Numb	er	KTK/28C-434/2023				
Reporting Period:		Month(MM)	July	Year(YYYY)		2025				
Blood bank Supported by NACO? (1=Yes, 2=No)	pported by NACO? (1=Yes, 2=No) 2=No									
Name of Officer In-charge:	Dr. Abubakar Soudagar									

Section 1 : Blood Units collected during the Month

			Blood Donation at Blood Blood Donation at Voluntary Blood Donation Camps									
S. No	Type of Blood Donation	Type of Blood Donors	Male Donors (A)	Female Donors (B)	Male Donors (C)	Female Donors (D)	Male	%	Female	%	Total	Total %
1	Voluntory Blood Donation	Voluntary Blood Donor	1	0	0	0	1	0.01	0	0	1	0.01
	Volumery Blood Bondaon	Family Blood Donor	0	0			0		0		0	0
2	Total		1	0	0	0	1	0.01	0	0	1	0.01
3	Replacement Blood Donation		0	0			0	0	0	0	0	0
4	Grand Total	1	0	0	0	1	0.01	0	0	1	0.01	
5	Number of Donors coming	g for repeat don	ation		18. 31		3	0.03	0	0	3	0.03
6	Number of Blood Donors	Counseled befo	re Donation				7	0.07	0	0	7	0.07
7	Number of Blood Donors	Deffered becau	se of following	reasons (Total	= 7.a+7.b+7.c+7.	d+7.e)						
7a	Anemia						0		0		0	
7b	Under wieght / under age						0		0		0	
7с	Medical/surgical causes	0		0		0						
7d	d High risk history								0		0	
7e	Others	0		0		0						
8	Number of Voluntary Bloo	d Donation Cam	nps Organized			· ·					0	

				Voluntary Units				Replacement Units				
S. No	Tests Conducted	Number Tested	Number Positive	Number Referred to ICTC	Number Reffered to STI Clinic	Percent Positive	Number Tested	Number Positive	Number Referred to ICTC	Number Reffered to STI Clinic	Percen t Positiv e	
1	HIV	0	0			0	0	0			0	
2	Hepatitis-B	0	0			0	0	0			0	
3	Hepatitis –C	0	0			0	0	0			0	
4	Syphillis	0	0			0	0	0			0	
5	Malaria	0	0			0	0	0			0	
				iii.	Blood Compor	nent Details						
S. No	Blood Components			Openin	g Stock	Collected	/ Prepared	Unit Supplied	Unit Discarded	Balance at of reporting		
1	Whole Blood					0		0	0			
2	Packed Cells					7		4	0			
3	Platelet Concentrate					0		0	0			
4	Fresh Frozen Plasma					7		0	0			
5	Cryoprecipitate											
6	Plasma											
7	% of Blood Unit process seperation	ed for Compor	nent									
				iv. De	tails of Blood U	nits Discarded						
S. No	Cause	of Discard			Number of u	nit discarded		%				
1	Outdated Units					0	0					
2	Sero-Reactive Units			0				0				
3	Others			0			0					
				Section 2	: Stock Positio	ne of Toet Kite	and Concuma	hloe				
				Section 2		Positions Test Kits		DICS				
	Items* Estimated Requirement for the Month (Number of test) Requirement for the Month (Number of test)		beginning of the	Number Received During the Month (Number of test)	Number Used during the Month (Number of test)	Number damaged/Wasted during Month (Number Of Test)		ance	Stock sufficient for approx months		Comments	(Earliest Expie
HIV	ELISA Kit (Number of tests)											
	Rapid Test Kit (Number of tests)											
	patitis B ELISA Kit (Number of											
test Hep	oatitis B Rapid Test Kit											
	patitis C ELISA Kit(Number of											
test Hep	ts) patitis C Rapid Test Kit											
-	ohillis Test Kit(Number of tests)											
Syp												

ii. Stock of Consumables												
ltems*	Estimated Requirement for the Month	Balance at the beginning of the Month	Number Received During the Month	Number Used during the Month	Number dam aged/Wasted during Month	Balance	Stock Sufficient for approx months	Comments (Earliest Expiery)				
Single Blood bags				0								
Double Blood Bags				7								
Triple Blood bags				0								
SAGM Blood Bags												
Anti-A (10 ml)												
Anti-B (10 ml)												
Anti-AB (10 ml)												
Anti-D (10 ml)												
Anti Human Globulin												
22% Bovine Albumin												
Wafers												
Anti A1 (5 ml)												
Anti H (5 ml)												

Section 3: Blood Storage Centre & Blood Unit Supply Details

Name of the Blood Storage Units		Quantity of the Units supplied											
	A+	B+	AB+	0+	A-	B-	AB-	0-					
								7					
								E)					
							1.						

Section 4 : Status of Equipments

	Name of Equipment	Number Available	Number in working	Number Under AMC	Number of Equipments Condemned
1	Blood Bank Refrigerator	4	conditions 4		Condennied
\vdash	Donor Couches	4	4		
- 20	Bio Mixer	100	-		
4	Tube Sealer, stripper with cutter	4	4		
5	Di-electric sealer	_	_		
6	Domestic Refrigerator	-	-		
7	Bench top centrifuge	1	1		
8	Dry Incubator	1	1		
9	Serological water bath	1	1		
10	Auto clave	1	1		
11	Binocular microscope	1	1		
12	Micropipettes (2μl- 1000 μl)	6	6		
13	Multi channel Pipette	-	-		
14	Distilled water still	-	-		
15	Digital analytical balance	4	4		
16	Computer	3	3		
17a	Elisa System (Washer)	1	1		
17b	Elisa System (Reader)	1	1		
18	Cell counter	1	1		
19	Refrigerated Centrifuge	2	2		
20	-80 ^o C Deep freezer	1	1		
21	-40° C Deep freezer	1	1		
22	Laminar Air flow bench	2	2		
23	Plasma expresser (Manual	3	3		
24	Plasma expresser (Automated)	-	-		
25	Platelet incubator with agitator	1	1		
26	Refrigerated water bath (Cryobath)	1	1		
27	Cell counter	1	1		
28	Coagulometer	#0	¥		
29	pH meter	1	1		