



National Institute of Biologicals, NOIDA  
(NCC-HvPI)  
Ministry of Health & Family Welfare  
Government of India

# HAEMOVIGILANCE NEWSLETTER

Haemovigilance Programme of India



**WHO Regional Workshop of National Focal Points  
of Blood Transfusion Services of 11 Member States  
of South-East Asia Region (SEAR) at NIB  
(19th – 22nd August, 2019)**

**Haemovigilance Newsletter  
Vol. No. 8, Issue 15,  
January-June 2020**

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Reporting Form  
Launched w.e.f.  
1<sup>st</sup> Jan, 2020

“ The aim of the newsletter is to disseminate information on Haemovigilance Programme of India so as to create awareness amongst healthcare professionals & other stakeholders on safe Blood Transfusion & Blood Products' Administration Practices ”

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DD (QC) - Diagnostics/Training Unit & HvPI, NIB, NOIDA

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## Haemovigilance Programme of India - Milestones

Haemovigilance Programme of India was launched on 10th December, 2012 at the National level in 90 medical institutions across the country by National Institute of Biologicals (NIB), NOIDA, Ministry of Health & Family Welfare, Government of India as the National Coordinating Centre (NCC). The objective of this programme is to track Adverse Reactions associated with Blood Transfusion and Blood Donation.

Haemovigilance is defined as 'a set of surveillance procedures covering the whole transfusion chain from the collection of blood and its components to the follow-up of its recipients i.e. from the vein of the donor to the vein of the recipient. It is intended to collect and assess information on unexpected or undesirable effects resulting from the therapeutic use of labile blood products and to prevent their occurrence and recurrence'. Haemovigilance is a tool to improve the quality of the blood transfusion chain, primarily focusing on safety.

1. The recipient's arm i.e. reporting of Adverse Reactions with respect to Blood Transfusion in the patient is being covered under Haemovigilance Programme of India (HvPI) with the launch of the programme on 10th December, 2012 in the country.
2. The donor's arm i.e. Reporting of Adverse Reactions associated with Blood Donations is being covered under National Blood Donor Vigilance Programme (NBDVP) which was launched on 14th June, 2015 on World Blood Donor Day at Science City Kolkata under the ambit of HvPI.
3. Reporting of Adverse Transfusion Reactions is done online via Haemo-Vigil software & reporting of Adverse Blood Donor Reactions is done via Donor-Vigil software available on NIB website [www.nib.gov.in](http://www.nib.gov.in)

Implementation and coordination of activities of Haemovigilance Programme of India became one of the Mandate's of NIB as per its bye-laws 3.4.1 of the Institute as approved in the Governing Body meeting of NIB held under chairpersonship of Secretary (Health & F.W.)/ Chairman, Governing Body of NIB on 12th Dec, 2014.

DCG (I) issued an office memorandum dated 4th December, 2015 w.r.t. enrolment of all licensed blood centres under HvPI. These licensed blood centres are required to obtain their user ID and password from NIB to uplink their adverse transfusion data to Haemo-Vigil software under HvPI.

National Accreditation Board for Hospitals and Healthcare Providers (NABH) in its third edition of accreditation standards on Blood Centres and transfusion services issued in year 2016 has included enrolment by Blood Centres under National Haemovigilance Program of India and monitor adverse donor reactions and adverse transfusion reactions as per the direction issued.

NCC-HvPI, NIB issues certificate of participation to the centres who are actively reporting under Haemovigilance Programme of India



## Trainings/Workshops/CMEs

### 1. Two days Residential National Training Workshop for the Blood Bank officials of the Reporting Centres under Haemovigilance Programme of India (HvPI) held on 08th - 09th August, 2019 at National Institute of Biologicals, NOIDA

#### Objective

The objective of this training workshop was to sensitize and train the blood bank officials of reporting centres under HvPI w.r.t latest updates, definitions, guidelines and reporting of adverse blood transfusion reactions with special emphasis to improve the quality of data being submitted under HvPI. These workshops are conducted regularly from time to time.

#### Salient Features of the Workshop

##### Day 1

- Update on Haemovigilance Programme of India and its Impact.
- Need for quality data.
- FNHTRs & Allergic reactions-definitions, grading, Imputability and discussion on submitted reports.
- Case discussions on FNHTRs and Allergic Reactions.
- Introduction to adverse events with cardiorespiratory symptoms.

##### Day 2

- Visit to Immunodiagnostic Kit & Molecular Diagnostic Lab- WHO collaborative centre & Blood Reagent Lab of NIB.
- Case/report discussions on TRALI, TACO, TAD, hypotensive transfusion reaction.
- Haemolytic transfusion reactions - Case discussions.
- Role of Haemovigilance Nurse & its impact on transfusion practices.
- Discussion on Guidance documents.
- Discussion on Haemo-Vigil software.

- The Travelling allowance & accommodation is provided by NIB, NOIDA to all the participants attending the workshop.

About 53 blood bank officials had participated from 21 states/UTs (Assam, Chandigarh, Chhattisgarh, Gujarat, Haryana, Himachal Pradesh, Jharkhand, Kerala, Maharashtra, Manipur, Meghalaya, New Delhi, Odisha, Punjab, Rajasthan, Tamil Nadu, Telangana, Tripura, Uttar Pradesh, Uttarakhand, West Bengal) across the country in the said training workshop.



Group Photo



## **2. Two Days National Level Training cum Workshop programme on Haemovigilance, Donor Vigilance and VBD in collaboration with Federation of Blood Donor Organizations of India, West Bengal held at NIB, NOIDA on 7th -8th December, 2019**

About 100 blood donor motivators & blood donors from all across the country had participated in the said training programme.



*Group Photo*

## **3. Continuing Medical Educations (CMEs) Organised by NIB to create awareness about the HvPI during July-December, 2019**



*King George's Medical University, Lucknow on 13th September, 2019*



*Mahatma Gandhi Medical College, Jaipur on 20th December, 2019*



## **4. NIB-NHM Six days Residential Training Programme on Training of Trainers for Strengthening of Blood Services for state of Telangana & Uttarakhand.**



*Telangana on 29th July to 03rd August, 2019*



*Uttarakhand on 26th to 31st August, 2019*



## 5. National Skill Development & Hands- on Training Programme on Quality Control of Biologicals for M.Sc Biotechnology, Microbiology and Biochemistry students of Various Universities of the Country.

The students from 5 different Universities across the country were apprised about Haemovigilance Programme of India, followed by Hands-on training on Haemovigilance Software during National Skill Development & Hands- on Training Programme on Quality Control of Biologicals from July to December, 2019.



*Uttarakhand Universities,  
22nd July – 02nd August, 2019*



*Bodoland University, Kokrajharm, Assam & M.B. Govt. P.G. College, Haldwani, Nainital, Uttarakhand,  
23rd September -04th October, 2019*



*Kumaun University Campus Bhimtal, Uttarakhand  
Participated 04th - 15th November, 2019*



*Central University of Kashmir, Srinagar, Jammu & Kashmir,  
18th – 29th November, 2019*

## 6. Meetings of National Executive Committee (NEC) & Expert Groups of HvPI at NIB, NOIDA



**Expert Group Meetings:**  
*19th July, 2019*



*23rd August, 2019*



*19th December, 2019*



*22nd November, 2019*



*NEC Meeting held on 23rd November 2019*



## WHO Regional Workshop of National Focal Points of Blood Transfusion Services of 11 Member States of South-East Asia Region (SEAR) i.e. Bangladesh, Bhutan, DPR Korea, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand, Timor Leste at NIB (19th – 22nd August, 2019).

- WHO Regional Workshop of National Focal Points of Blood Transfusion Services to Review Implementation of WHO Global Strategy of Safe Blood with an Emphasis on Hemovigilance was held from 19th–22nd August, 2019 at National Institute of Biologicals, NOIDA. The participants were from 11 member states of South-East Asia Region (SEAR).
- About 38 participants from eleven SEAR countries had participated in the said workshop.

### Objectives of the Workshop:

- ❖ To review the status of regional blood transfusion services (BTS) and implementation of WHO global strategy for blood safety
- ❖ To discuss challenges/ gaps and success stories in strengthening blood transfusion services (BTS) and WHO global strategy for blood safety
- ❖ To prepare a road map to bridge the gaps, strengthen the capacity (with emphasis on hemovigilance), and
- ❖ To leverage South-East Asia Regulatory Network for strengthening the quality control of diagnostics testing amongst laboratories.

### Registration and Inauguration

Day 1

- Overview of Blood Transfusion Services in South East Asia Region/ Global.
- SEARN: strengthening quality control of diagnostic testing in laboratories.
- Country presentations.
- Question-Answers session.



From Left to Right Dr. Reba Chhabra DD(QC), NIB, Dr. Aparna Singh Shah WHO-SEARO, Dr.Tjandra Yoga Aditama WHO-SEARO , Dr. Surinder Singh Director NIB, Dr. Yu Junping WHO Headquarter Geneva

### Technical Session



Dr.Tjandra Yoga Aditama WHO-SEARO



Dr. Yu Junping WHO Headquarter Geneva



Dr Stephan Guichard WHO-SEARO



Dr. Aparna Singh Shah WHO-SEARO

**WHO Regional Workshop of National Focal Points of Blood Transfusion Services of 11 Member States of South-East Asia Region (SEAR) i.e. Bangladesh, Bhutan, DPR Korea, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand, Timor Leste at NIB (19th – 22nd August, 2019).**

**Day 2**

- VNDR.
- Serology/ TTIs testing.
- Rational Use of Blood.
- Component separation.
- Estimation of blood need, ISBT standard and its application to blood and blood products.
- Hemovigilance
- Question-Answers session.
- Group Exercise: Capacity building of National Transfusion Services – Key initiatives and expected outcomes.



**Day 3**

- PDMPs –India.
- Thalassemia/ other blood disorders -challenges and success story.
- Regulations-BTS.
- Lab capacity building for ensuring quality of test kits.
- Identification of key governance and funding issues cardiorespiratory symptoms.
- Role of stakeholders in improving national BTS.
- Quality management system in blood transfusion services.
- Information sharing platforms/ softwares in BTS/ possibility of sharing softwares.





**WHO Regional Workshop of National Focal Points of Blood Transfusion Services of 11 Member States of South-East Asia Region (SEAR) i.e. Bangladesh, Bhutan, DPR Korea, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand, Timor Leste at NIB (19th – 22nd August, 2019).**

**Day 4**



*Visit to Blood Bank*

A visit to Blood Bank - enrolled under HvPI – Medanta – The Medicity, Gurugram, Haryana was organized for the participants.



*Visit to NIB Laboratories*

The participants visited Immunodiagnostic Kit & Molecular Diagnostic Lab - a World Health Organization (WHO) collaborating centre for Quality Control of HIV, HCV, HBsAg and Syphilis in-vitro Diagnostic Assays & Blood Reagent Lab of NIB.



*Recommendations/ Way Forward*

In the concluding session of the workshop Recommendations/Way Forward were presented by Dr. Aparna Singh Shah and was open for discussion for the participants. After due deliberations the draft recommendations were formulated.



**National Institute of Biologicals**  
**Ministry of Health & Family Welfare, Govt. of India**  
**NATIONAL BLOOD DONOR VIGILANCE PROGRAMME**  
**(Haemovigilance Programme of India)**



**Adverse Blood Donor Reaction Reporting Form**

**Version-2**

<b>A) Donor Information</b>	
Donor Id *: _____	Type of Donation* (a) Whole Blood (b) Apheresis__ (Platelets/Plasma/ Plasma + Platelets/RBC/Granulocyte/ Peripheral Blood Stem Cells)
Sex * _____ (Male/Female/Other)	Donor Type* (a) Voluntary (b) Replacement (c) Family Donor (d) Autologous (First Time/Repeat)
Weight of Donor (kg) * _____ Height of Donor (cm)* _____	Site of Donation* _____ (Blood Centre/Camp)
Age/ Date of Birth * Yrs: _____ Month: _____ Days: _____ OR _____	Date of Donation * _____
Pre-Donation Vitals* Pulse: _____ per min BP (Diastolic): _____ mmHg BP (Systolic): _____ mmHg	Time of Donation Hr _____ Min _____
<b>B) Whole blood Details of Blood Collected/Apheresis Details of Blood Collected</b>	
<b>(a) Whole Blood</b> Lot No. of Blood Bag* _____ Volume Collected (ml)* _____ Manufacturer of Blood Bag* _____ (Terumo Penpol Limited/Mitra Industries Pvt. Ltd/ HLL Lifecare Ltd/Fresenius Kabi AG/Fenwal Inc/Polymed/Other) Expiry Date of Blood Bag* _____	
<b>(b) Apheresis</b> Lot No. Kit* _____ Volume Collected (ml)* _____ Expiry Date of Kit* _____	
<b>C) Adverse Reaction Details</b>	
Date and Time of reaction* _____ Hr _____ Min _____	Type of Reaction* _____ (Localised/Generalized/Both)
Vitals at the time of Reaction Pulse: _____ per min BP (Diastolic): _____ mmHg BP (Systolic): _____ mmHg	Data Captured* _____ (Onsite/Call back by donor/ Call back by Blood Centre)
Reaction Time* _____ (Pre-Donation/During Donation/After Donation)	
Venipuncture Site* _____ (Left/Right)	Injury* _____ (Yes/No)
Venipuncture* _____ (1/2/>2)	Site of Reaction* _____ (At Donation Site/ Outside Donation Site)
	Donation Completed* _____ (Yes/No)
<b>D) Type of Complications:*</b>	
<b>Localised Complications</b> <input type="checkbox"/> <b>A1-Complications mainly characterized by the occurrence of blood outside the vessels</b> (a) <input type="checkbox"/> Haematoma (bruise) (b) <input type="checkbox"/> Arterial puncture (c) <input type="checkbox"/> Delayed(bleeding/Re-bleeding) <input type="checkbox"/> (Within 30 minutes of Donation/After 30 minutes of Donation) <input type="checkbox"/> <b>A2-Complications mainly characterized by pain</b> (a) <input type="checkbox"/> Nerve injury/irritation (b) <input type="checkbox"/> Other Painful arm <input type="checkbox"/> <b>A3-Localised infection/inflammation along the course of a vein</b> (a) <input type="checkbox"/> Thrombophlebitis (b) <input type="checkbox"/> Cellulitis <input type="checkbox"/> <b>A4- Allergy (local): Itching and redness at the <input type="checkbox"/> (Venipuncture Site/Medical Adhesive Medicated Tape/Skin Disinfection Area)</b> <input type="checkbox"/> <b>A5-Other major blood vessel injury -Serious conditions needing specialist medical diagnosis and attention</b> (a) <input type="checkbox"/> Deep venous thrombosis (DVT) (b) <input type="checkbox"/> Arteriovenous fistula (c) <input type="checkbox"/> Compartment syndrome (d) <input type="checkbox"/> Brachial artery pseudoaneurysm	

**Haemovigilance Programme of India launched the second version of Adverse Blood Donor Reaction Reporting Form (ABDRRF Version-2) w.e.f. 1st January, 2020.**





**National Institute of Biologicals**  
**Ministry of Health & Family Welfare, Govt. of India**  
**NATIONAL BLOOD DONOR VIGILANCE PROGRAMME**  
**(Haemovigilance Programme of India)**





**Adverse Blood Donor Reaction Reporting Form**

**Version-2**

<b>Generalized Complications</b>			
<input type="checkbox"/> <b>B1-Vasovagal reactions</b>			
(a) <input type="checkbox"/> Generalized Weakness	(b) <input type="checkbox"/> Anxiety	(c) <input type="checkbox"/> Dizziness	(d) <input type="checkbox"/> Nausea
(e) <input type="checkbox"/> Vomiting	(f) <input type="checkbox"/> Pallor(skin and lips)	(g) <input type="checkbox"/> Rapid Pulse	(h) <input type="checkbox"/> Convulsions
(i) <input type="checkbox"/> Cold extremities	(j) <input type="checkbox"/> Hyperventilation	(k) <input type="checkbox"/> Hypotension	(l) <input type="checkbox"/> Low Vol Pulse
(m) <input type="checkbox"/> Feeling of warmth	(n) <input type="checkbox"/> Tetany	(o) <input type="checkbox"/> Loss of bowel or bladder control	(p) <input type="checkbox"/> Cyanosis
(q) <input type="checkbox"/> Loss of Consciousness(LOC) <input type="text"/> (<60 Sec/>60 Sec)			
<input type="checkbox"/> <b>B2-Allergic reactions (Generalized)</b>			
(a) <input type="checkbox"/> Cyanosis	(b) <input type="checkbox"/> Wheezing	(c) <input type="checkbox"/> Flushing,swelling of eyes,lips or tongue	
(d) <input type="checkbox"/> Chest tightness	(e) <input type="checkbox"/> Cardiac arrest		
<input type="checkbox"/> <b>B3-Other serious complications related to blood donation</b>			
(a) <input type="checkbox"/> Acute cardiac symptoms(other than myocardial infarction or cardiac arrest)		(b) <input type="checkbox"/> Myocardial infarction(MI)	
(c) <input type="checkbox"/> Cardiac arrest		(d) <input type="checkbox"/> Transient Ischemic attack (TIA)	
		(e) <input type="checkbox"/> Death	
<b>Apheresis Complication</b>			
<input type="checkbox"/> <b>C-Complications related to apheresis</b>			
(a) <input type="checkbox"/> Citrate reaction			
<input type="checkbox"/> tingling/vibrations-lips,fingers	<input type="checkbox"/> light-headedness	<input type="checkbox"/> Metallic taste	<input type="checkbox"/> Muscle twitching
<input type="checkbox"/> Carpopedal spasm	<input type="checkbox"/> Shock	<input type="checkbox"/> Cardiac arrest	<input type="checkbox"/> Tetany
<input type="checkbox"/> Prophylactic Calcium given before reaction <input type="text"/> (Yes/No)			
(b) <input type="checkbox"/> Haemolysis during procedure			
(c) <input type="checkbox"/> Air embolism			
(d) <input type="checkbox"/> Unable to return red cell(>200ml)			
<b>Other Complication</b>			
<input type="checkbox"/> <b>D-Other Reactions</b> Please Specify <input style="width: 150px;" type="text"/>			
<b>Outcome*</b>			
<input type="checkbox"/> Resolved on donation site		<input type="checkbox"/> Resolved on follow up	<input type="checkbox"/> Recovered with Sequelae
<input type="checkbox"/> Permanently disabled		<input type="checkbox"/> Death following the adverse reactions	<input type="checkbox"/> Unknown
<b>Imputability*</b>			
<input type="checkbox"/> Definite (Certain)		<input type="checkbox"/> Probable (Likely)	<input type="checkbox"/> Possible
<input type="checkbox"/> Unlikely (Doubtful)		<input type="checkbox"/> Excluded	
<b>Any Other Information:</b> <input style="width: 100px;" type="text"/>			
<b>Reporter</b> .....		<b>Date of Report</b> .....	
<b>Denominator Data about All Donor</b>			
<b>Total Donation in the month (of reporting)</b>			
<input type="checkbox"/> Whole blood <input style="width: 50px;" type="text"/>			
<b>Volume of donation (Total)*</b>		No. of 350 ml bags <input style="width: 50px;" type="text"/>	No. of 450 ml bags <input style="width: 50px;" type="text"/>
<input type="checkbox"/> Apheresis if apheresis <input style="width: 50px;" type="text"/>	RBC <input style="width: 50px;" type="text"/>	Platelets <input style="width: 50px;" type="text"/>	Plasma <input style="width: 50px;" type="text"/>
	Plasma+Platelets <input style="width: 50px;" type="text"/>	Granulocyte <input style="width: 50px;" type="text"/>	Peripheral Blood Stem Cells <input style="width: 50px;" type="text"/>
<b>Gender of Donor(Total)*</b>		Male <input style="width: 50px;" type="text"/>	Female <input style="width: 50px;" type="text"/>
		Other <input style="width: 50px;" type="text"/>	
<b>Type of Donation(Total)*</b>		Voluntary <input style="width: 50px;" type="text"/>	Replacement <input style="width: 50px;" type="text"/>
		Family Donor <input style="width: 50px;" type="text"/>	Autologous <input style="width: 50px;" type="text"/>
<b>Donor Types(Total)*</b>		First-Time Donors <input style="width: 50px;" type="text"/>	Repeat Donors <input style="width: 50px;" type="text"/>
<b>Site of Donation(Total)*</b>		Blood Centre <input style="width: 50px;" type="text"/>	Camp <input style="width: 50px;" type="text"/>

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# Transfusion Reaction Reporting Form (TRRF Version-2)

	<b>National Institute of Biologicals</b> Ministry of Health & Family Welfare, Govt. of India (National Coordinating Center) <b>HAEMOVIGILANCE PROGRAMME OF INDIA</b>										
<b>Transfusion Reaction Reporting Form (TRRF) For Blood &amp; Blood Components &amp; Plasma Products</b>											
<b>* Mandatory Field</b>											
<b>(A) Patient Information</b>											
Hospital Code No.:											
Patient Initials*:	Gender*:	Blood Group*:									
Hospital Admission No. *:	Age/Date of Birth*:	.....Yrs .....Month .....Days .....Hrs .....Mins									
Primary Diagnosis*:											
Medical History:											
<b>(B) Transfusion Reaction Details*</b>											
Was the patient under anaesthesia during transfusion: Yes/No if Yes type : GA/Spinal/LA											
Pre-transfusion Vitals:	Temp:	Pulse: BP: RR: SPO2:									
Vitals at the time of reaction:	Temp:	Pulse: BP: RR: SPO2:									
Please tick mark the relevant signs and symptoms listed below											
<b>Generalised</b> <input type="checkbox"/> Fever <input type="checkbox"/> Chills <input type="checkbox"/> Rigors <input type="checkbox"/> Nausea <input type="checkbox"/> Urticaria <input type="checkbox"/> Flushing <input type="checkbox"/> Restlessness <input type="checkbox"/> Vomiting	<b>Pain</b> <input type="checkbox"/> Anxiety <input type="checkbox"/> Itching (Pruritus) <input type="checkbox"/> Edema (Site) _____ <input type="checkbox"/> Juandice <input type="checkbox"/> Other _____	<b>Respiratory</b> <input type="checkbox"/> Chest Pain <input type="checkbox"/> Abdominal <input type="checkbox"/> Back/Flank Pain <input type="checkbox"/> Infusion Site Pain <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____									
<input type="checkbox"/> Dyspnoea <input type="checkbox"/> Wheeze <input type="checkbox"/> Cough <input type="checkbox"/> Hypoxemia <input type="checkbox"/> Bilateral Infiltrates on Chest X-ray <input type="checkbox"/> Other _____	<b>Renal</b> <input type="checkbox"/> Haematuria <input type="checkbox"/> Haemoglobinuria <input type="checkbox"/> Oliguria <input type="checkbox"/> Other _____	<b>Circulatory</b> <input type="checkbox"/> Tachycardia <input type="checkbox"/> Hypertension <input type="checkbox"/> Hypotension <input type="checkbox"/> Raised JVP <input type="checkbox"/> Arrhythmias <input type="checkbox"/> Other _____									
Any Other(Specify) : _____											
<b>(C) Transfusion Product(s) Details*</b>											
Select*	Select Component	Select Indication	Date & Time of Issue of Blood Component	Date & Time of onset Transfusion	Unit Id (Transfused)	Blood Group	Volume Transfused (ml)	Expiry date of Blood Component	Manufacturer of Blood Bag	Batch / Lot No. of the Blood Bag	1st time/ repeat Transfusion
<input type="checkbox"/>	Whole blood										<input type="checkbox"/> 1st Time
<input type="checkbox"/>	Packed Red blood cells (PRBC)										
<input type="checkbox"/>	Buffy coat depleted PRBC										
<input type="checkbox"/>	Leucofiltered PRBC										<input type="checkbox"/> Repeat 1 to 10
<input type="checkbox"/>	Random Donor platelets/ pooled										
<input type="checkbox"/>	Apheresis Platelets										
<input type="checkbox"/>	Fresh Frozen Plasma										<input type="checkbox"/> Repeat > 10
<input type="checkbox"/>	Cryoprecipitate										
<input type="checkbox"/>	Any Other _____										
<b>Add New Plasma Product</b>											
Select	Plasma Product	Indication	Date of Administration	Manufacturer	Expiry Date of the Plasma Product	Batch No. / Lot No.	1st Time / Repeat				
							<input type="checkbox"/> 1st Time <input type="checkbox"/> Repeat 1 to 10 <input type="checkbox"/> Repeat > 10				



(D) Investigations				
<input type="checkbox"/> Clerical Checks		Specify Error Found if any: _____		
Investigation	Pre-transfusion sample	Post-transfusion sample		
<input type="checkbox"/> Visual Check				
* <input type="checkbox"/> Repeat Blood Grouping	O+ /A+ /B+ /AB+ /O- /A- /B- /AB- /Others/Not Done	O+ /A+ /B+ /AB+ /O- /A- /B- /AB- /Others/Not Done		
* <input type="checkbox"/> Repeat Crossmatch	<input type="checkbox"/> Compatible <input type="checkbox"/> InCompatible <input type="checkbox"/> Not Done	<input type="checkbox"/> Compatible <input type="checkbox"/> InCompatible <input type="checkbox"/> Not Done		
* <input type="checkbox"/> Repeat Antibody screen	<input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Not Done	<input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Not Done		
<input type="checkbox"/> Antibody Identification				
* <input type="checkbox"/> Direct antiglobulin test	<input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Not Done	<input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Not Done		
<input type="checkbox"/> Hemoglobin				
<input type="checkbox"/> Plasma Hemoglobin				
<input type="checkbox"/> Urine hemoglobin				
<input type="checkbox"/> Bilirubin (Total/conjugated)				
<input type="checkbox"/> Platelet count				
<input type="checkbox"/> PT/INR				
* <input type="checkbox"/> Blood culture of Blood Bag	<input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Not Done	Specify Organism if positive _____		
* <input type="checkbox"/> Blood culture of Patient	<input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Not Done	<input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Not Done		
<input type="checkbox"/> Chest X-ray of the patient in case of suspected TRALI		Specify Organism if positive _____		
<b>In case of Non-immune hemolysis (which of the following was the case?)</b>				
<input type="checkbox"/> Hemolysis due to freezing of PRBC Units				
<input type="checkbox"/> Hemolysis due to inappropriate warming of PRBC Units				
<input type="checkbox"/> Hemolysis due to infusion of any other fluid through same BT set. Specify Fluid: _____				
<input type="checkbox"/> Mechanical damage				
<b>In Case of ABO Mismatch (which of the following was the case?)</b>				
<input type="checkbox"/> Wrong blood in tube				
<input type="checkbox"/> Grouping error				
<input type="checkbox"/> Labelling error				
<input type="checkbox"/> Wrong unit transfused				
(E) Nature of Adverse Reaction(s)*				
Select	Reaction	Date & Time of Onset of Reaction	Date & Time of Recovery	Outcome
<input type="checkbox"/>	Febrile Non Haemolytic Reactions (FNHTR) 1° C rise in temperature <input type="checkbox"/> 2° C rise in temperature <input type="checkbox"/> Only Chills & Rigors <input type="checkbox"/>			<input type="checkbox"/> 1. Death following the Adverse Reaction(s)
<input type="checkbox"/>	Allergic reaction			<input type="checkbox"/> 2. Recovered
<input type="checkbox"/>	Anaphylaxis			<input type="checkbox"/> 3. Recovered with Sequelae
<input type="checkbox"/>	Immunological Haemolysis due to ABO Incompatibility			<input type="checkbox"/> 4. Unknown
<input type="checkbox"/>	Immunological Haemolysis due to other Allo-Antibodies			
<input type="checkbox"/>	Non Immunological Haemolysis			
<input type="checkbox"/>	Hypotensive Transfusion Reaction			
<input type="checkbox"/>	Transfusion Related Acute Lung Injury (TRALI) Definite <input type="checkbox"/> Possible <input type="checkbox"/>			
<input type="checkbox"/>	Transfusion Associated Dyspnoea (TAD)			
<input type="checkbox"/>	Transfusion Associated Circulatory Overload (TACO)			
<input type="checkbox"/>	Transfusion Transmitted Bacterial Infection			
<input type="checkbox"/>	Transfusion Transmitted Parasitic Infection (Malaria)			
<input type="checkbox"/>	Post Transfusion Purpura			
<input type="checkbox"/>	Transfusion Associated Graft versus Host Disease (TAGvHD)			
<input type="checkbox"/>	Other Reaction (s) _____ Add New _____			
<b>IMPUTABILITY ASSESSMENT</b>				
(F) Imputability Assessment*				
S. No.	Reaction Term	Transfusion Product/ Component	*Imputability Assessment (Please mention from the below list)	
*Imputability: 1. Definite (Certain), 2. Probable (Likely), 3. Possible, 4. Unlikely (Doubtful), 5. Excluded, 6. Not Assessed				
Monthly Denominator Reporting Form *				
Hospital Code :		Month/Year:		
Blood Component		No. of Units Issued		
1) Fresh Frozen Plasma				
2) Whole Blood				
3) Packed Red Blood Cells (PRBC)				
4) Buffy Coat Depleted PRBC				
5) Leucofiltered PRBC				
6) Random Donor Platelets/ Pooled				
7) Apheresis Platelets				
8) Cryoprecipitate				
9) Any Other _____				

# New Members Enrolled under Haemovigilance Programme of India (111)

## Andhra Pradesh

1. M/s Alluri Sitarama Raju Academy of Medical Sciences Blood Bank, West Godavari District
2. NTR Memorial Trust Blood Bank, Visakhapatnam

## Arunachal Pradesh

1. Tomo Riba Institute of Health and Medical Sciences, Naharlagun

## Gujarat

1. Muljibhai Patel Urological Hospital Blood Bank (Run by Vithaldas Tulsidas Desai Charitable Trust), Nadiad
2. Sardar Vallabhbhai Patel Institute of Medical Sciences and Research, SMT NHL Municipal Medical College, Ahmedabad
3. Indian Red Cross Society, Blood Bank Kalol (N.G.) Gandhinagar
4. Kiran Multi Super Speciality Hospital & Research Center, Surat
5. Kusumben Dhirajlal Charitable Hospital Blood Bank, Ahmedabad

## Haryana

1. Paras Hospitals, Panchkula Haryana
2. Blood Bank, Narayana Superspeciality Hospital, Gurugram
3. M/s Blood Bank- Sarvodaya Hospital & Research Centre, Faridabad

## Karnataka

1. Manipal Northside Hospital, Bangalore
2. Yenepoya Medical College Hospital Blood Bank
3. Rajarajeswari Medical College & Hospital Blood Bank, Bangalore
4. KIMS Hospital & Research Centre Blood Bank, Bangalore
5. Health Care Global Enterprises Ltd. Blood Bank, Bangalore Bhagwan Mahaveer Jain Hospital/ Lions Blood Bank, Bangalore

## Kerala

1. Taluk Head Quarters Hospital Blood Bank, Sulthan Bathery, Wayanad
2. M/s. St. Gregorios Medical Mission Hospital, Thiruvalla, Pathanamthitta
3. St. Joseph's Hospital, Ernakulam
4. DM Wayanad Institute of Medical Sciences, Wayanad
5. Iqraa International Hospital and Research Centre, Calicut
6. Metromed International Cardiac Centre Pvt Ltd, Kozhikode
7. Cosmopolitan Hospital Blood Bank, Trivandrum
8. PRS Hospital Pvt. Ltd., Thiruvananthapuram,
9. Ananthapuri Hospitals & Research Institute, Trivandrum
10. Sree Uthradam Thirunal Hospital, Thiruvananthapuram
11. Dr SMCSI Medical College and Hospital, Trivandrum
12. MMC Hospital Blood Bank, Kozhikode
13. Women & Children Hospital, Blood Bank, Thiruvananthapuram
14. Santhi Blood Bank, Kozhikode
15. Bharath Charitable Hospital Society Blood Bank, Kottayam
16. Blood Bank Malankara Orthodox Syrian Church Medical College, Kolenchery, Ernakulam
17. National Hospital Blood Bank, Kozhikode
18. Dharmagiri St. Joseph's Hospital, Kozhikode
19. Blood Bank District Hospital, Perinthalmanna, Malappuram
20. S. H. Medical Centre Hospital & Blood Bank, Kottayam
21. St. Joseph's Hospital Blood Bank, Kollam
22. Nirmala Hospital Blood Bank, Kozhikode
23. Little Lourde Mission Hospital, Kottayam
24. PVS Hospital, Kozhikode
25. Chazhikattu Hospital Pvt (Ltd), Idukki
26. Padmavathy Blood Bank, Kollam
27. Sri Ramakrishna Charitable Hospital Blood Bank, Thiruvananthapuram
28. Holy Family Hospital, Idukki
29. PK Das Institute of Medical Sciences, Palakkad
30. Lourdes Hospital (Lourdes Society for Health Care and Research), Ernakulam
31. Devamatha Hospital Koothattukulam, Ernakulam
32. Nirmala Medical Centre, Ernakulam
33. Payyanar Co-operative Hospital Blood Bank, Payyanar
34. Blood Bank, Mount Zion Medical College, Pathanamthitta

## Madhya Pradesh

1. All India Institute of Medical Science, Bhopal

## Maharashtra

1. M/s Blood Bank, Dr. Panjabrao Deshmukh Memorial Medical College Hospital & Research Centre, Amravati
2. Konkan Mitra Mandal Medical Trusts, Sahyadri Speciality Hospital Blood Bank, Pune
3. Indian Red Cross Society, Bombay City Branch, Blood Centre, Mumbai
4. Dr. Hedgewar Blood Bank, Akola
5. Pimpri Chinchwad Municipal Corporation's Y.C.M. Hospital Blood Bank at P.C.M.C's P.G. Institute, Pune

## Meghalaya

1. Jowai Civil Hospital, Blood Bank, West Jaintia Hills District

## Mizoram

1. Zoram Medical College/SRHF

## New Delhi

1. Batra Hospital & Medical Research Centre, New Delhi
2. Mission Jan Jagriti Blood Bank, Nangloi
3. Human Care Medical Charitable Trust Blood Bank, Dwarka

## Orissa

1. Odisha Blood Bank, Sub Divisional Hospital, Jeypore, Koraput

## Punjab

1. Aykai Hospital Blood Bank, Ludhiana

## Rajasthan

1. Jaipur Blood Bank, Malviya Nagar, Jaipur
2. Blood Bank, Govt. RDBP Jaipuria Hospital (Attached to RUHS College of Medical Sciences), Jaipur
3. Govt. Nahta Hospital, Balotra (Barmer)
4. H.C.G. Blood Bank, Jaipur
5. Govt. Hospital Phalodi, Jodhpur
6. Govt. S. K. Hospital, Sikar
7. Blood Bank General Hospital, Bharatpur
8. General Hospital Karauli
9. Blood Bank, Govt. D. B. Hospital, Churu
10. Mahatma Gandhi Hospital, Bhilwara
11. Govt. Y. N. Hospital, Kishanganh
12. Blood Bank, Ms Jhalawar Hospital and Medical College, Jhalawar
13. Blood Bank Govt. A. K. Hospital Beawar
14. Blood Bank, Shri Goverdhan General Govt. Hospital, Nathdwara
15. Govt. Hospital Kekri, Ajmer
16. Govt. Medical College & Govt. Bangur Hospital, Pali
17. Blood Bank, Haribaksh Kanwariya Govt. Hospital, Jaipur
18. Blood Bank Govt. General Hospital, Alwar
19. Department of Transfusion Medicine (Blood Bank), Manipal Hospital, Jaipur
20. Blood Bank, Govt. S. J. Hospital, Jaisalmer
21. Blood Bank, Government Bhagwan Das Morija Hospital Kotputli, Jaipur
22. District Hospital, Chittorgarh
23. Blood Bank, M.B. G. H., R.N.T. Medical College, Udaipur
24. Blood Bank Govt. Hospital, Gangapur City
25. Govt. Saadat Hospital, Tonk
26. Govt. Bangur Hospital, Didwana
27. Pandit Deen Dayal Upadhyay Sub District Hospital, Sagwara, Distt. Dungurpur
28. Rotary Blood Bank Jodhpur
29. Blood Bank, Zenana Hospital, Jaipur
30. Bharat Vikas Parishad Blood Bank, Kota
31. Pushpa Devi Memorial Blood Bank, Jaipur
32. Apex Swasthya Kalyan Blood Bank, Jaipur

## Tamil Nadu

1. Hindu Mission Hospital, Chennai
2. Government Head Quarters Hospital, Tiruvallur
3. Shri Sathya Sai Medical College and Research Institute, Kancheepuram
4. Department of Transfusion Medicine Tamil Nadu Government Multi Super Speciality Hospital, Chennai

## Telangana

1. M/s. Institute of Preventive Medicine Blood Bank, Hyderabad
2. Government District Hospital, Sircilla
3. Asian Institute of Gastroenterology Private Limited Blood Bank, Ranga Reddy District, Hyderabad
4. Aster Prime Hospital, Hyderabad
5. M/s Prathima Institute of Medical Sciences, Karimnagar

## Uttar Pradesh

1. Shri Ram Singji Multi Speciality Hospital, Blood Bank, Gautambudh Nagar
2. ERA's Lucknow Medical College & Hospital, Lucknow
3. Popular Medicare Ltd. Blood Bank, Varanasi
4. Rotary Noida Research & Social Welfare Trust (Blood Bank), Gautambudh Nagar
5. Blood Center Medanta, Lucknow
6. Blood Bank U.H.M District Hospital, Kanpur

## How to Enroll Your Centre under HvPI

### Who can enrol?

Head/ In-charge of Transfusion Medicine Department / Blood centres

### How to enrol?

- 1) Head / Incharge of Transfusion Medicine Department / Blood Centre provides the necessary details to the National Coordinating Centre (NCC) - Haemovigilance Programme of India (HvPI) by sending the duly filled Enrolment Form either to NCC at National Institute of Biologicals, Ministry of Health & Family Welfare, Plot No. A-32, Sector-62, Institutional Area, NOIDA - 201 309 (U.P.) or via E-mail to NCC at [haemovigilance@nib.gov.in](mailto:haemovigilance@nib.gov.in)
- 2) NCC verifies the details provided by the centre.
- 3) After verification, NCC issues the User Id and Password to the Head / Incharge of Transfusion Medicine Department / Blood Centre to access the (a) Haemo - Vigil Software (b) Donor-Vigil Software for onward Submission of Transfusion Reactions Reports and Adverse Blood Donor Reaction Reports to NCC.

Download Enrolment Form from the site:-<http://nib.gov.in/Annexure7.pdf>

### How to Report?

Reporting of Adverse Transfusion Reactions via Haemo-Vigil Software & Adverse Blood Donor Reactions in donation via Donor-Vigil Software.

- a) Centres enrolled under HvPI receives unique user Id & password from NCC-HvPI, NIB.
- b) User Id & Password is same for both the Softwares i.e. Haemo-Vigil (to report adverse transfusion reactions) & Donor-Vigil (to report adverse donor reactions).
- c) Software(s) link is available at NIB website i.e. [www.nib.gov.in](http://www.nib.gov.in) under the tab of Haemovigilance Programme of India.
- d) The adverse reaction reports can be uplinked and submitted online via the above mentioned software(s) to NCC-HvPI, NIB.

The screenshot shows the official website of the National Institute of Biologicals (NIB), Government of India. The header includes the NIB logo, the name of the institute in Hindi and English, and the Ministry of Health & Family Welfare. The navigation menu includes links for Home, About Us, Services, Careers, Directory, Tech. Expertise, Contact Us, Sitemap, and Help. The main content area features a large banner for the Asian Harmonization Working Party (AHWP) visit. The left sidebar contains a list of links, with 'Haemovigilance Programme of India' circled in red. The right sidebar contains a list of links, with 'Notifications !!' highlighted in a blue box. The bottom section contains a table with links for 'Sample Receipt & Report Dispatch', 'National Reference Standards', and 'Sera Panel'.

Sample Receipt & Report Dispatch	National Reference Standards	Sera Panel
Unit		
Manufacturing and QC Protocols		





**National Institute of Biologicals- National Coordinating Centre-HvPI**

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### **National Institute of Biologicals**

Ministry of Health and Family Welfare,  
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Noida - 201309, Uttar Pradesh

**NIB website:** <http://nib.gov.in/>

**Tel:** 0120-2400072, 0120-2593612 **Fax:** 0120-2403014,

**Toll free No. 1800-180-2588 [Mon to Fri (9:00 a.m. to 5:30 p.m.)] query related to  
Haemovigilance Programme of India**

For any other Information/ Suggestions/ Query related to Haemovigilance Programme of India kindly contact: Dr. Akanksha Bisht, Scientist Grade-II & Head-Haemovigilance Programme of India, NIB, NOIDA at: [haemovigilance@nib.gov.in](mailto:haemovigilance@nib.gov.in)