सत्यमेव जयते

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

HAEMOVIGILANCE
NEWSLETTER
Haemovigilance Programme of India

Haemovigilance Newsletter Vol. No. 8, Issue 16, July-December, 2020

राष्ट्रीय जैविक संस्थान
NATIONAL INSTITUTE OF BIOLOGICALS

HvPI Initiated State wise CMEs in the month of February- March, 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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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

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/CMEs UNDER HVPI

1. **CME on Haemovigilance Programme of India was organized by National Institute of Biologicals (NIB), NOIDA in collaboration with SRCC TRUST'S SRCC CHILDREN'S HOSPITAL BLOOD BANK, Mumbai Maharashtra on 18th- 19th January, 2020 at Maharashtra.**



2. **CME on Blood Safety and Haemovigilance was organized by National Institute of Biologicals (NIB), NOIDA in collaboration with Blood Centre Technologists' Association Maharashtra (BCTAM), Maharashtra on 28th and 29th February, 2020 at Aurangabad, Maharashtra.**


- About 200 participants attended the aforesaid CMEs which included Blood Bank Official(s), Medical Officer(s), Staff Nurse(s), Senior Supervisor(s), Technical Supervisor(s)and Technician(s).
- Presentation on various aspects of Haemovigilance followed by Hands on Training on Haemovigilance software(s) were imparted to the participants.

3. **NIB- National Health Mission (NHM) Collaborative Six days Residential Training Programme for Strengthening of Blood Services for the state Maharashtra, Chhattisgarh & Uttar Pradesh.**

Maharashtra on 20th – 25th January, 2020

Chhattisgarh on 03rd– 08th February, 2020

Uttar Pradesh on 02nd– 07th March, 2020

4. **National Skill Development and Hands - on Training Program on Quality Control of Biologicals for M.Sc. Biotechnology, Microbiology and Biochemistry students of Various Universities of the Country.**

Jammu University, J & K and Tezpur University, Assam on 06th– 17th January, 2020

Mizoram University, Mizoram & Himachal Pradesh University, Shimla, Himachal Pradesh on 27th January– 07th February, 2020

Gauhati University, Assam & Central Research Institute, Kasauli,Himachal Pradesh on 17th–28th February, 2020

Head- HvPI invited as a faculty to deliver a presentation on:-

(a) **Haemovigilance Programme of India during CME on current trends & challenges in immunohematology & blood transfusion held on 20th February, 2020 at Deen Dayal Upadhyay Hospital, Hari Nagar Delhi.**

(b) **Haemovigilance Programme of India on 03rd March, 2020 during 6th Asia Pacific Pharmacovigilance Training Course schedule from 24th February to 6th March 2020 organized by Indian Pharmacopoeia Commission, Ghaziabad.**

IHN Teleconference:-

Head- HvPI & Secretary of International Haemovigilance Network (IHN) attended teleconference of IHN Board on 29th April, 2020 at 07:00 pm of Indian Standard Time.

STATE WISE TARGETED CONTINUING MEDICAL EDUCATION (CMEs) ON HAEMOVIGILANCE PROGRAMME OF INDIA

Initiative of organizing State wise targeted CMEs on Haemovigilance Programme of India by National Institute of Biologicals, NOIDA. The objective of the CMEs are to enroll & encourage reporting by the blood centres under HvPI in the respective states/ UTs. The following CMEs were organized in this regard during January - June, 2020.

S. No.	Name of the Medical College/ Organization/ Institute Involved	Date & Place of CME
1.	Drugs Control Organization, Rajasthan & R.N.T. Medical College, Udaipur	7th February, 2020 at Udaipur
2.	Drugs Control Organization, Rajasthan & All India Institute of Medical Sciences, Jodhpur	10th February, 2020 at Jodhpur
3.	Gujarat State AIDS Control Society (GSAC) & Gujarat State Council for Blood Transfusion (GSCBT) and Surat Raktdan Kendra	15th February, 2020 at Surat
4.	Gujarat State AIDS Control Society (GSAC) & Gujarat State Council for Blood Transfusion (GSCBT) and Indian Red Cross Society, Ahmedabad	17th February, 2020 at Ahmedabad
5.	Gujarat State AIDS Control Society (GSAC) & Gujarat State Council for Blood Transfusion (GSCBT) and Red Cross Blood Bank, Rajkot	24th February, 2020 at Rajkot
6.	Department of Drugs Control Administration, Tamil Nadu & Ganga Medical Center & Hospitals (P) Ltd., Coimbatore	7th March, 2020 at Coimbatore
7.	Department of Drugs Control Administration, Tamil Nadu, Chennai	14th March, 2020 at Chennai



Udaipur (07th February, 2020)



Jodhpur (10th February, 2020)



Surat (15th February, 2020)



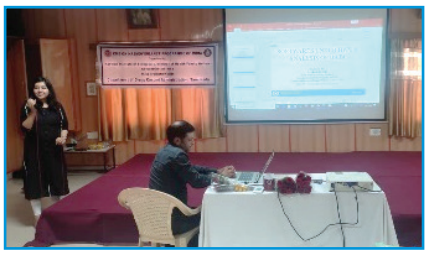
Ahmedabad (17th February, 2020)

Rajkot (24th February, 2020)



Coimbatore (07th March, 2020)





Chennai (14th March, 2020)

Salient Features:

- About 300 participants which included Blood Centre officials, clinicians, technicians & nurses were trained during the aforesaid CMEs.
- Presentations on Haemovigilance Programme of India, Recipient Haemovigilance, Blood Donor Vigilance, Regulation of Blood Centres followed by Case Studies pertaining to Recipient Haemovigilance & Blood Donor Vigilance.
- Haemovigilance Software(s) Demonstration & Hands on Training imparted to the participants.
- On the spot enrolment for the Blood Banks under HvPI.
- Panel Discussion was held on action plan for reporting reactions under HvPI.

National Level CME on Haemovigilance & Voluntary Blood Donation in COVID-19 Pandemic on 14th–15th June, 2020.

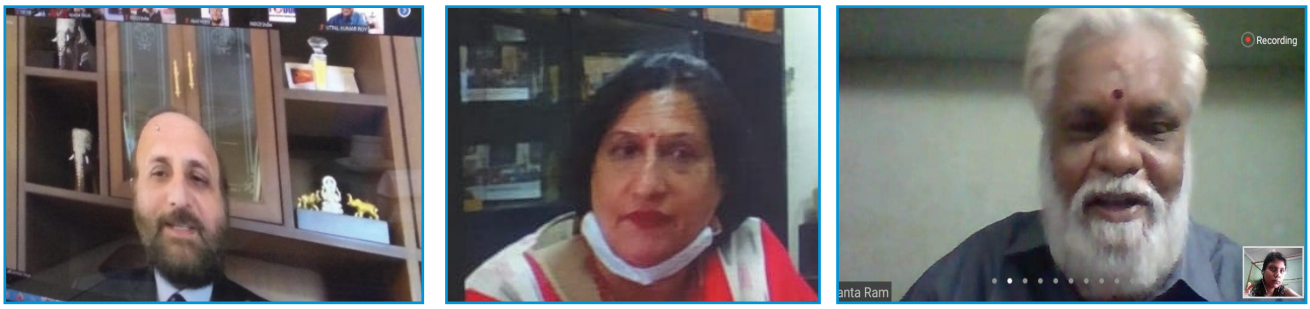
The National Level CME on Haemovigilance and Voluntary Blood Donation in COVID-19 Pandemic organized by Nationals Institute of Biologicals (NIB), NOIDA, Ministry of Health and Family Welfare, Government of Indian and Federation of Blood Donor Organizations of India and West Bengal Voluntary Blood Donors Forum was held on 14th and 15th June, 2020. The two-day webinar was supported by Mani Trust, Kalimpong and Animesh Gosh, Cancer Awareness Center, West Bengal.

In webinar, about 119 eminent personalities from 21 States all cross the country participated.

This webinar focused on importance of blood donations during the present pandemic situation but also brain stormed on ways and means to continue blood donations post the COVID-19 period.

The webinar was inaugurated by Dr. Surinder Singh, Vice Chancellor, JSS, AHER, Mysuru, Dr. Reba Chhabra, Director i/c, NIB, NOIDA, and Shri L. Santaram, Secretary AVBD, Chennai

Inauguration:-



From Left to Right Dr. Surinder Singh, Vice Chancellor, JSS, AHER, Mysuru , Dr. Reba Chhabra, Director i/c, NIB & Shri L. Santaram, Secretary AVBD, Chennai

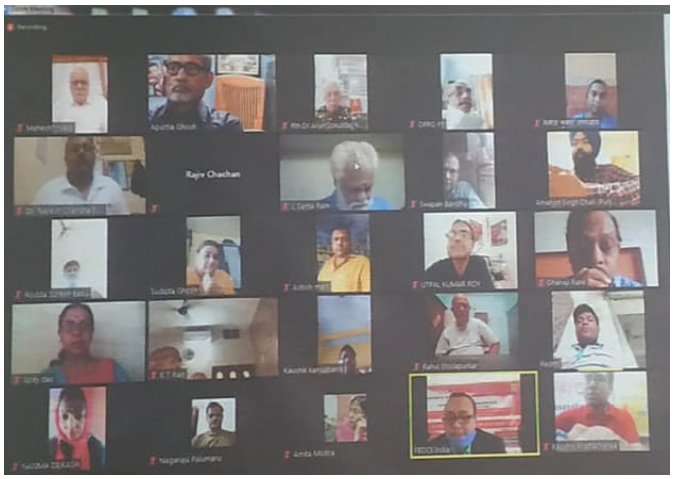
Presentations & Lectures:-

First Day (14.06.2020)

1. **Dr. Reba Chhabra, Director, In-charge, NIB, NOIDA : Gave presentation on Haemovigilance which focusses on National Blood Donor Vigilance Programme (NBDVP) under HvPI.**
2. **Shri L. Santaram, Secretary AVBD, Tamil Nadu, Chennai : Discussed about the national data of blood units collected in the past year and the target for the year 2020- 2021.**

3. Dr. Debasish Gupta, Founder President, FBDOI & Expert BTS : Highlighted the importance of blood requirement not only during this pandemic but also in the future.
4. Dr. Akanksha Bisht: Scientist II & Head, Haemovigilance, NIB, NOIDA : Gave insight about NBDVP and online reporting system of donor reactions.
5. Dr. Amit Dutt Dwuary, Oncologist, Apollo Cancer Hospital, Kolkata : Presented on the blood requirements and components for a Cancer patient.
6. Dr. Kajal Krishna Banik, Expert Public Health, Department of Health & Family Welfare Government of West Bengal; Former General Secretary, Indian Medical Association, West Bengal Chapter : Presented on the importance of "blood donors", SOPs on safety measures and safe blood donation.
7. Dr. Manisha Srivastava, Expert BTS & Superintendent, AIIMS Hospital, Bhopal : Gave update about the COVID-19 spread and donor awareness.

Second Day (15.06.2020)



1. Dr. Naresh Kumar Bhatia, President FBDOI & Expert on Blood Banking and BTS : presented the guidelines on how an organization can conduct a blood donation camp during the COVID- 19 outbreak.
2. Shree Dhanaji Raane, Chairman, FBDOI Mumbai, Maharashtra : gave presentation on motivating the blood donors and on how to organize a blood donation camp (outdoors) to maintain safety.
3. Dr. Shyamai Bran Mukherjee, Secretary, IRCS : apprised about the sanitization procedure pre and post blood donation camp.
4. Mr. Deepak Rai, CC VBDAS, Sikkim : described the data of the state where 56 blood donation camps held during the lockdown in which 672 units of blood was collected.
5. Mr. Ashu Paul, Vice President FBDOI & President TYGA : explained the significance of future development of blood donation camps and how the rural areas can also be involved with the camps.

Webinar concluded with the vote of thanks addressed by Dr. Surinder Singh, Vice Chancellor, JSS, AHER, Mysuru.

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

A) Donor Information

Donor Id *: _____

Sex * _____ (Male/Female/Other)

Weight of Donor (kg) * _____ Height of Donor (cm)* _____

Age/ Date of Birth * Yrs: _____ Month: ___ Days: ___ OR _____

Pre-Donation Vitals* Pulse:____per min BP (Systolic): ____ mmHg
BP (Diastolic):____mmHg

Type of Donation* (a) Whole Blood (b) Apheresis__ (Platelets/Plasma/ Plasma + Platelets/RBC/Granulocyte/ Peripheral Blood Stem Cells)

Donor Type* (a) Voluntary (b) Replacement (c) Family Donor (d) Autologous (First Time/Repeat)

Site of Donation* _____ (Blood Centre/Camp)

Date of Donation * _____

Time of Donation Hr _____ Min _____

B) Whole blood Details of Blood Collected/Apheresis Details of Blood Collected

(a) Whole Blood

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) Apheresis

Lot No. Kit* _____

Volume Collected (ml)* _____

Expiry Date of Kit* _____

C) Adverse Reaction Details

Date and Time of reaction* _____ Hr_____Min_____

Vitals at the time of Reaction Pulse: _____ per min BP (Systolic): ____ mmHg
BP (Diastolic):____mmHg

Venipuncture Site*_____ (Left/Right)

Venipuncture* _____ (1/2/>2)

Type of Reaction*_____(Localised/Generalized/Both)

Data Captured*_____ (Onsite/Call back by donor/ Call back by Blood Centre)

Reaction Time* _____ (Pre-Donation/During Donation/After Donation)

Injury* _____ (Yes/No)

Site of Reaction*_____(At Donation Site/ Outside Donation Site)

Donation Completed* _____ (Yes/No)

D) Type of Complications:*

Localised Complications

☐ **A1-Complications mainly characterized by the occurrence of blood outside the vessels**

(a) ☐ Haematoma (bruise)

(b) ☐ Arterial puncture

(c) ☐ Delayed(bleeding/Re-bleeding) ☐ (Within 30 minutes of Donation/After 30 minutes of Donation)

☐ **A2-Complications mainly characterized by pain**

(a) ☐ Nerve injury/irritation

(b) ☐ Other Painful arm

☐ **A3-Localised infection/inflammation along the course of a vein**

(a) ☐ Thrombophlebitis

(b) ☐ Cellulitis

☐ **A4- Allergy (local): Itching and redness at the** ☐ (Venipuncture Site/Medical Adhesive Medicated Tape/Skin Disinfection Area)

☐ **A5-Other major blood vessel injury -Serious conditions needing specialist medical diagnosis and attention**

(a) ☐ Deep venous thrombosis (DVT)

(b) ☐ Arteriovenous fistula

(c) ☐ Compartment syndrome

(d) ☐ 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

Generalized Complications

☐ **B1-Vasovagal reactions**

(a) ☐ Generalized Weakness (b) ☐ Anxiety (c) ☐ Dizziness (d) ☐ Nausea
(e) ☐ Vomiting (f) ☐ Pallor(skin and lips) (g) ☐ Rapid Pulse (h) ☐ Convulsions
(i) ☐ Cold extremities (j) ☐ Hyperventilation (k) ☐ Hypotension (l) ☐ Low Vol Pulse
(m) ☐ Feeling of warmth (n) ☐ Tetany (o) ☐ Loss of bowel or bladder control (p) ☐ Cyanosis
(q) ☐ Loss of Consciousness(LOC) [ ] (<60 Sec/>60 Sec)

☐ **B2-Allergic reactions (Generalized)**

(a) ☐ Cyanosis (b) ☐ Wheezing (c) ☐ Flushing,swelling of eyes,lips or tongue
(d) ☐ Chest tightness (e) ☐ Cardiac arrest

☐ **B3-Other serious complications related to blood donation**

(a) ☐ Acute cardiac symptoms(other than myocardial infarction or cardiac arrest) (b) ☐ Myocardial infarction(MI)
(c) ☐ Cardiac arrest (d) ☐ Transient Ischemic attack (TIA) (e) ☐ Death

Apheresis Complication

☐ **C-Complications related to apheresis**

(a) ☐ Citrate reaction
☐ tingling/vibrations-lips,fingers ☐ light-headedness ☐ Metallic taste ☐ Muscle twitching
☐ Carpopedal spasm ☐ Shock ☐ Cardiac arrest ☐ Tetany
☐ Prophylactic Calcium given before reaction [ ] (Yes/No)
(b) ☐ Haemolysis during procedure
(c) ☐ Air embolism
(d) ☐ Unable to return red cell(>200ml)

Other Complication

☐ **D-Other Reactions** Please Specify _____

Outcome* ☐ Resolved on donation site ☐ Resolved on follow up ☐ Recovered with Sequelae
☐ Permanently disabled ☐ Death following the adverse reactions ☐ Unknown

Imputability* ☐ Definite (Certain) ☐ Probable (Likely) ☐ Possible
☐ Unlikely (Doubtful) ☐ Excluded

Any Other Information: [ ]

Reporter…….. **Date of Report**……...

Denominator Data about All Donor

Total Donation in the month (of reporting)

☐ Whole blood [ ]

Volume of donation (Total)* No. of 350 ml bags [ ] No. of 450 ml bags [ ]

☐ **Apheresis if apheresis** [ ] RBC [ ] Platelets [ ] Plasma [ ]
Plasma+Platelets [ ] Granulocyte [ ] Peripheral Blood Stem Cells [ ]

Gender of Donor(Total)* Male [ ] Female [ ] Other [ ]

Type of Donation(Total)* Voluntary [ ] Replacement [ ] Family Donor [ ] Autologous [ ]

Donor Types(Total)* First-Time Donors [ ] Repeat Donors [ ]

Site of Donation(Total)* Blood Centre [ ] Camp [ ]

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

Transfusion Reaction Reporting Form (TRRF Version-2)

National Institute of Biologicals
Ministry of Health & Family Welfare, Govt. of India
(National Coordinating Center)
HAEMOVIGILANCE PROGRAMME OF INDIA

Transfusion Reaction Reporting Form (TRRF) For Blood & Blood Components & Plasma Products

* Mandatory Field

(A) Patient Information

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) Transfusion Reaction Details*

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						

Generalised		Pain	Respiratory	Renal	Circulatory
☐ Fever	☐ Anxiety	☐ Chest Pain	☐ Dyspnoea	☐ Haematuria	☐ Tachycardia
☐ Chills	☐ Itching (Pruritus)	☐ Abdominal	☐ Wheeze	☐ Haemoglobinuria	☐ Hypertension
☐ Rigors	☐ Edema (Site)____	☐ Back/Flank Pain	☐ Cough	☐ Oliguria	☐ Hypotension
☐ Nausea	☐ Juandice	☐ Infusion Site Pain	☐ Hypoxemia	☐ Other_____	☐ Raised JVP
☐ Urticaria	☐ Other_____	☐ Other_____	☐ Bilateral Infiltrates on Chest X-ray		☐ Arrhythmias
☐ Flushing					☐ Other_____
☐ Restlessness					
☐ Vomiting			☐ Other_____		

Any Other(Specify) : .....

(C) Transfusion Product(s) Details*

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
☐	Whole blood										☐ 1st Time
☐	Packed Red blood cells (PRBC)										☐ Repeat 1 to 10
☐	Buffy coat depleted PRBC										☐ Repeat > 10
☐	Leucofiltered PRBC										
☐	Random Donor platelets/ pooled										
☐	Apheresis Platelets										
☐	Fresh Frozen Plasma										
☐	Cryoprecipitate										
☐	Any Other _____										

Add New Plasma Product

Select	Plasma Product	Indication	Date of Administration	Manufacturer	Expiry Date of the Plasma Product	Batch No. / Lot No.	1st Time / Repeat
							☐ 1st Time ☐ Repeat 1 to 10 ☐ Repeat > 10

(D) Investigations

☐ Clerical Checks — Specify Error Found if any: _____

	Investigation	Pre-transfusion sample	Post-transfusion sample
	☐ Visual Check		
*	☐ 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
*	☐ Repeat Crossmatch	☐ Compatible ☐ InCompatible ☐ Not Done	☐ Compatible ☐ InCompatible ☐ Not Done
*	☐ Repeat Antibody screen	☐ Negative ☐ Positive ☐ Not Done	☐ Negative ☐ Positive ☐ Not Done
	☐ Antibody Identification		
*	☐ Direct antiglobulin test	☐ Negative ☐ Positive ☐ Not Done	☐ Negative ☐ Positive ☐ Not Done
	☐ Hemoglobin		
	☐ Plasma Hemoglobin		
	☐ Urine hemoglobin		
	☐ Bilirubin (Total/conjugated)		
	☐ Platelet count		
	☐ PT/INR		
*	☐ Blood culture of Blood Bag	☐ Negative ☐ Positive ☐ Not Done	Specify Organism if positive_____
*	☐ Blood culture of Patient	☐ Negative ☐ Positive ☐ Not Done Specify Organism if positive_____	☐ Negative ☐ Positive ☐ Not Done Specify Organism if positive_____
	☐ Chest X-ray of the patient in case of suspected TRALI		

In case of Non-immune hemolysis (which of the following was the case?)

- ☐ Hemolysis due to freezing of PRBC Units
- ☐ Hemolysis due to inappropriate warming of PRBC Units
- ☐ Hemolysis due to infusion of any other fluid through same BT set. — Specify Fluid:_____
- ☐ Mechanical damage

In Case of ABO Mismatch (which of the following was the case?)

- ☐ Wrong Blood in tube
- ☐ Grouping error
- ☐ Labelling error
- ☐ Wrong unit transfused

(E) Nature of Adverse Reaction(s)*

Select	Reaction	Date & Time of Onset of Reaction	Date & Time of Recovery	Outcome
☐	Febrile Non Haemolytic Reactions (FNHTR) 1° C rise in temperature ☐ 2° C rise in temperature ☐ Only Chills & Rigors ☐			☐ 1. Death following the Adverse Reaction(s)
☐	Allergic reaction			
☐	Anaphylaxis			
☐	Immunological Haemolysis due to ABO Incompatibility			
☐	Immunological Haemolysis due to other Allo-Antibodies			☐ 2. Recovered
☐	Non Immunological Haemolysis			
☐	Hypotensive Transfusion Reaction			
☐	Transfusion Related Acute Lung Injury (TRALI) Definite ☐ Possible ☐			
☐	Transfusion Associated Dyspnoea (TAD)			
☐	Transfusion Associated Circulatory Overload (TACO)			☐ 3. Recovered with Sequelae
☐	Transfusion Transmitted Bacterial Infection			
☐	Transfusion Transmitted Parasitic Infection (Malaria)			
☐	Post Transfusion Purpura			
☐	Transfusion Associated Graft versus Host Disease (TAGvHD)			☐ 4. Unknown
☐	Other Reaction (s) _____ _____ Add New			

IMPUTABITLITY ASSESSMENT

(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 (108)

Chhattisgarh
1. Jawaharlal Nehru Hospital and Research Centre, Bhilai, Durg

Gujarat
1. Blood Bank S.S.G. Hospital, Baroda, Vadodara
2. Indian Red Cross Society Voluntary Blood Bank, Dahod
3. Mehsana Jaycees Charitable Trust Sanchalit Voluntary Blood Bank, Mehsana
4. Shri Kutchi Leva Patel Education & Medical Trust Sanchalit MMPJ Hospital Blood Bank, Bhuj-Kutch
5. Blood Bank, Narayana Hrudayalaya Ltd., Narayana Multispeciality Hospital, Ahmedabad
6. Dr. Jivraj Mehta Smarak Health Foundation Blood Bank and Bakeri Medical Research Centre, Ahmedabad
7. Indian Red Cross Society C.R. Parikh Blood Bank, Kapadwanj, Kheda
8. Indian Red Cross Society, Branch Blood Bank, Anand
9. Jivan Jyot Blood Bank, Bhuj-Kutch
10. Nathani Voluntary Blood Bank, Rajkot
11. Blood Bank General Hospital Jam-Khanbhalia, Dwarka
12. Shree Jivanprakash Foundation Voluntary Blood Bank, Junagadh
13. Navkar Charitable Trust Blood Bank, Mahuva
14. Samved Voluntary Blood Bank and Research Center, Jamnagar
15. Late N. H. Ramani Memorial Voluntary Blood Bank, Aravli
16. GCS Medical College, Hospital and Research Centre, Ahmedabad
17. Blood Bank, C. U. Shah Medical College and Hospital, Surendranagar
18. General Hospital, Godhra Blood Bank, Godhra
19. Bhailal Amin General Hospital Blood Bank, Vadodara
20. Omkar Paramedical & Charitable Trust Blood Bank, Botad
21. M/s. "Cadila Healthcare Limited" Zydus Medical College and Hospital, Blood Bank, Dahod
22. Smt. Chandaben Mohanbhai Patel Blood Bank, Charusat Hospital, Anand
23. Parul Sevashram Hospital Blood Bank, Vadodara
24. Atma Vallabh Hospital Voluntary Blood Bank IDAR, Sabarkantha
25. Shantabaa Medical College & General Hospital Blood Bank, Amreli
26. Saurashtra Voluntary Blood Bank & Research Centre, Rajkot
27. GMERS Medical College & Hospital, Valsad
28. Navdeep Voluntary Blood Bank, Junagarh
29. Navjeevan Blood Bank & Clinical Laboratory, Junagarh
30. S.M.S. Multispeciality Hospital & Dr. M.K. Shah Medical College & Research Centre, Ahmedabad
31. Sanskar Blood Bank, Morbi
32. Smt. Shardaben Hospital, Ahmedabad
33. Savior Voluntary Blood Bank & Research Centre, Surat
34. Aasha Blood Bank & Component Centre, Porbandar
35. Dr. N.D. Desai Faculty of Medical Science & Research, Nadiad
36. Lions Club Bilimora Charitable Foundation Managed, Nanubhai Mavljibhai Patel Blood Bank & Dr. A.C. Mapara Blood Component Centre, Navsari
37. Hi-Tech Vol. Blood Bank, Aravalli

Haryana
1. Panchkula Welfare Trust (Regd) Charitable Diagnostic Center, Panchkula
2. Blood Bank , Columbia Asia Hospital, Palam Vihar, Gurugram

Himachal Pradesh
1. Maharishi Markandeshwar Medical College & Hospital, Solan

Jammu & Kashmir
1. Shri Mata Vaishno Devi Superspeciality Hospital, Reasi

Karnataka
1. HKE Society, Mahadevappa Rampure Medical College, Kalaburagi

Kerala
1. M.U.M. Hospital Blood Bank, Kottayam
2. Kozhikode District Co-operative Hospital Pvt Ltd., Kozhikode
3. Blood Bank, Government Medical College, Kannur
4. Malabar Institute of Medical Sciences Ltd. Kottakkal, Malappuram
5. St Thomas Hospital Blood Bank,Kottayam

Madhya Pradesh
1. All is Well Multispeciality Hospital, Burhanpur

Maharashtra
1. Ashtavinayak Blood Bank, Ahmednagar
2. Rotary D G Goenka Blood Bank, Andheri West Mumbai
3. Triumph Blood Bank, Thane
4. K. J. Somaiya Medical College and Hospital, Blood Bank, Mumbai
5. Masina Hospital Blood Bank, Mumbai
6. Pallavi Blood Bank, Govandi East , Mumbai
7. Sant Nirankari Blood Bank, Vileparle East, Mumbai
8. Kohinoor Hospital Blood Bank, Kurla West, Mumbai
9. Bombay Hospital Blood Bank, Mumbai
10. Jaslok Hospital & Research Center Blood Bank, Mumbai
11. Smt. S. R. Mehta & Sir K. P. Cardiac Institute Blood Bank, Mumbai
12. Datta Meghe Medical College, Dattatraya Blood Bank, Nagpur
13. Sarvodaya Hospital Samarpan Blood Bank, Ghatkopar West, Mumbai
14. Jagjivan Ram Hospital (Western Railway) Blood Bank, Mumbai
15. Blood Bank Government Medical College and Hospital, Chandrapur
16. Balasaheb Thackerey Blood Bank, Jogeshwari (E) Mumbai
17. Civil Surgeon Blood Bank, Alibag-Raigad
18. Bloodline Blood Bank, Thane (West)
19. Sanjeevani Blood Bank, Pune
20. Latur Blood Bank and Components, Latur
21. NKP Salve Institute of Medical Sciences & Research Centre & Lata Mangeshkar Hospital Blood Bank, Nagarpur
22. Adarsh Blood Bank, Aurangabad
23. Vande Mataram Samajik Sansthan's Jeevandhara Blood Bank, Kolhapur
24. MIMSR Medical College and Y.C.R. Hospital, Smt. Saraswati Karad Blood Bank, Latur

Meghalaya
1. Regional Blood Bank, Pasteur Institute, Shillong

New Delhi
1. Blood Bank Dr. Hedgewar Arogya Sansthan Govt. of N.C.T. of Delhi,Karkardooma
2. Regional Blood Transfusion Centre, Hindu Rao Hospital, Malka Ganj
3. Lal Bahadur Shastri Hospital, Govt. of National Territory of Delhi (GNCTD), Khichripur, Delhi

Orissa
1. Christian Hospital Blood Bank, Rayagada

Punjab
1. Preet Multispecialty Hospital & Surgical Centre , Ludhiana

Rajasthan
1. MP Birla Hospital & Research Center, MPBHRC, Chittorgarh
2. RAPS Hospital Blood Bank, Chittorgarh
3. Blood Bank Arihant Hospital and Research Sansthan, Bhilwara
4. American International Institute of Medical Sciences Blood Bank, Udaipur
5. Government General Hospital, Sirohi
6. Bhagwan Mahavir Hospital Component Blood Bank, Pali
7. Geetanjali Medical College and Hospital, Udaipur
8. Purohit Charitable Laboratory Sansthan, Sriganganagar
9. Life Line Blood Bank, Hanumangarh Jun.
10. M/s Sanjeevani Jan Sewa Samiti, Bikaner
11. Dr. S. S. Tantia Medica College & Research Centre, Tantia University, Sri Ganganagar
12. M/S Jeevan Jyoti Blood Bank, Bikaner
13. D. H. Blood Bank, Jalore

Tamil Nadu
1. Maruthi Blood Bank with Component Centre, Dharmapuri
2. Department of Transfusion Medicine Panimalar Medical College Hospital and Research Institute, Chennai
3. Cancer Institute (W/A), Chennai
4. Gudalur Adivasi Hospital Blood Bank, The Nilgiris
5. Government Hospital, Gudalur
6. The Madras Medical Mission Hospital, Chennai
7. Vijaya Hospital Blood Centre, Chennai
8. Maga Blood Bank, Salem
9. SRM Institute for Medical Science Blood Bank, Chennai
10. MGM Health Care Pvt. Ltd. MGM Blood Centre, Chennai

Telangana
1. Indian Red Cross Society, Blood Bank, Mancherial
2. Dr. Patnam Mahender Reddy Institute of Medical Sciences & Hospital, Rangareddy Dist.
3. Thalassemia and Sickle Cell Society Vuppala Venkaiah Memorial Blood Bank, Rangareddy Dist.

Uttar Pradesh
1. Noida Charitable Blood Bank ,Sector-22, Noida
2. Blood Centre, Sahara Hospital, Lucknow

West Bengal
1. North 24 Parganas District Hospital Blood Bank, Kolkata

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
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 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.

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