

MONTHLY PROGRESS REPORT ON SCREENING OF BLOOD

1. Name of the Blood Bank and location :
2. Reporting month :
3. Year :
4. Total Volume of Blood collected by Source :

| Source | | Units collected |
|-------------|---|-----------------|
| Voluntary | : | |
| Replacement | : | |
| Total | : | |

1.1 HIV

| Category of Donors | No.of Samples Tested | | No.found Sero – Reactive | | Remarks |
|--------------------|----------------------|------------|--------------------------|------------|---------|
| | Month | Cumulative | Month | Cumulative | |
| Voluntary | | | | | |
| Male | | | | | |
| Female | | | | | |
| Total | | | | | |
| Replacement | | | | | |
| Male | | | | | |
| Female | | | | | |
| Total | | | | | |
| Total | | | | | |
| Male | | | | | |
| Female | | | | | |
| Total | | | | | |

1.2 Other Blood Transfusion Related Diseases

| Type of test | Category of donors | No.of samples tested | | No.found Sero-Reactive | | Remarks |
|--------------|--------------------|----------------------|------------|------------------------|------------|---------|
| | | Month | Cumulative | Month | Cumulative | |
| HbsAg | Voluntary | | | | | |
| | Replacement | | | | | |
| | Total | | | | | |
| H.C.V | Voluntary | | | | | |
| | Replacement | | | | | |
| | Total | | | | | |
| | Voluntary | | | | | |
| Malaria | Replacement | | | | | |
| | Total | | | | | |

2 Stock position of HIV Tests

- 2.1 Opening Balance from Previous month :
- 2.2 Tests received during the month :
- 2.3 No.of Tests used during the month :
- 2.4 Closing balance of Tests :
- 2.5 Date of Expiry of Kits in Stock :
- 2.6 Remarks if any :

Date:

Note:

1. The HIV Testing for donated Blood be done by single ERS
2. Maintain confidentiality of donors
3. Please dispatch this report on the last working day of every month of APSACS

Signature:

Designation:

