

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:

