



कर्मचारी राज्य बीमा निगम अस्पताल, पीण्या, बेंगलूर- 560 022.  
**EMPLOYEES' STATE INSURANCE CORPORATION**  
**HOSPITAL, PEENYA, BENGALURU - 560 022.**  
(Under Ministry of Labour & Employment, Govt. of India)

**TRANSFUSION MEDICINE CENTRE**

**TRANSFUSION FEED BACK FORM**

(To be refumed to the blood bank after completion of the transfusion)

Patient Name :

Blood Group :

IR Number :

Ward

Bag Number :

Number in the series transfused :

Name of the Specialist :

Name of the Resident :

Date	Time		Volume Transfused
1	Starting	Completion	
2			
3			
4			
Vital Signs	Temperature	Pulse	BP
Pre-transfusion			
Post transfusion			
Reaction if any: YES / NO			

Consultant informed : Date and Time :

Blood Bank informed : Date and Time :

If a Transfusion reaction is suspected please send the Transfusion reaction form duly filled to the blood bank along with this form.

Signature of the Medical Officer