

Approach towards establishment of Blood Storage Center at FRUs

- I. Designate one well ventilated/ lighted room (at least 10 sq mts) at the FRU as the Blood Storage Centre (Paint "Blood Storage Center" at the entry) and furnish the room as follows:
(Responsible person- CMO/ CMS)
 1. Laboratory slab of granite/ stone/ tiles for easy cleaning along with laboratory sink fitted with tap and proper drainage.
 2. Provision of un-interrupted power supply including placement of 15/ 5 amp switches –one near the slab for microscope / other equipments and another near the window for Blood Storage Refrigerator. Other electrical connections as required for fan, light, fittings.
 3. Provide furniture for the Blood Storage Center including at least one table, four chairs and one rack.
- II. Designate one Medical Officer (MBBS) and one Lab Technician from the FRU for training by UP State AIDS Control Society (the nominations should reach the Society via post/ email- bsupsacs@gmail.com.)
- III. Equipments required
 - A. To be installed in the BSC room:
 1. Blood Bag Refrigerators:_ (Storage capacity 50 units at least), already provided by NRHM.
 2. Binocular Microscope
 3. Table top centrifuge
 - B. Other equipments required:
 1. Deep freezer: for freezing ice packs (already available at FRUs for Immunization program).
 2. Insulated carrier boxes with ice packs for transportation of Blood.
 3. Generator for electrical backup

Note: if any of the above equipment is not available, the same may be demanded from the NRHM via CMO)

- IV. Obtain a letter of consent (in four copies) from the Government Blood Bank (1 or more), situated within the District or neighboring district on the format attached at Annexure-I
- V. MOIC of the FRU to prepare four application forms (Format enclosed) for grant of approval for operation of Blood Storage Center, with annexures signed in original and get them forwarded & recommended by the CMO/ CMS as the case may be.
- VI. Each Application form should have following enclosures / annexures signed in original:
 1. Letter of consent from the Mother Blood Banks who intend to supply Whole Human Blood / Blood Components to the Blood Storage Centre (Annexure-I)
 2. List of equipment, details of the staff responsible for conducting operation of blood storage center and an undertaking to the licensing authority that the captive consumption of Whole Human Blood or Components shall not be more than 2000 units annually (Annexure-II)
 3. Attested certified copies of the qualification and experience certificates of the responsible staff.

VII. Send the application form along with all the enclosures as follows:

1. One original copy to should be sent to the Drug Controller, UP at the following address:

Drug Controller (U.P.)
Food & Drugs Administration,
9, Jagat Narain Road,
Lucknow

2. One original copy should be sent to Local Drug Inspector for recommendation and forwarding to Drug Controller.
3. One original copy to be retained at the Blood Storage Center (FRU)
4. One original copy to be retained by the Mother Blood Bank.
5. The photocopies of the application form (along with all the enclosures) should be sent to-

- i. **Director, Medical Care,**
Swasthya Sewa Mahanideshalaya,
Swasthya Bhawan, Kaiserbagh,
Lucknow
- ii. **Joint Director (Blood Safety)**
U.P. State AIDS Control Society,
A Block, 4th Floor, PICUP Bhawan,
Vibhuti Khand, Gomtinagar,
Lucknow
- iii. **General Manager (State Blood Cell),**
National Health Mission, SPMU,
Vishal Complex, 19 Vidhan Sabha Marg,
Lucknow

Application format for Blood Storage Center (to be made in four copies)

To,

**Drug Controller (U.P)
Food & Drugs Administration Department,
9, Jagat narain Road,
Lucknow.**

Letter No: _____

Date: _____

Sub: Application for Grant of Approval for operation of Blood Storage Center

Dear Sir,

I am submitting herewith the application for grant of approval for operation of Blood Storage Center at _____.

1. Details of Mother Blood Bank(s) given consent for supply of Whole Human Blood/ Components:

- a. Name of the Health Facility: _____
- b. Address: _____
- c. Letter of Consent attached: Yes/ No

2. Details of the proposed Blood Storage Center:

- a. Name of the Health facility: _____
- b. Address of the Health facility: _____
- c. Name of the Superintendent: _____
- d. Room available: Yes / No Map attached: Yes / No
- e. Equipments available: Yes / No List attached: Yes / No
- f. Medical Officer responsible for Blood Storage Center available: Yes/ No
 qualification & experience certificates enclosed: Yes / No
- g. Lab Technician responsible for Blood Storage Center available: Yes/ No
 qualification & experience certificates enclosed: Yes / No

You are requested to kindly acknowledge the receipt of application and approve operation of Blood Storage Center at _____, as early as possible.

Enclosure(s): as above

Yours Sincerely,

(Designation with Seal)

Copy for information & necessary action to:

- 1- Drug Inspector, District _____.
- 2- Mother Blood Bank, Name _____
- 3- Director, Medical Care, Swasthya Sewa Mahanideshalaya, Swasthya Bhawan, Kaiserbagh Lucknow.
- 4- Joint Director, UP State AIDS Control Society, PICUP Bhawan, Gomtinagar, Lucknow.
- 5- General Manager (State Blood Cell), NHM, UP, Vidhan Sabha Marg, Lucknow

“LETTER OF CONSENT”

FOR GRANT TO BLOOD STORAGE CENTER

This is to certify that Blood Bank at _____ has a valid license for Whole Human Blood (I.P) / Blood Components (Platelets/ Fresh Frozen Plasma/ Cryoprecipitate/ Apheresis vide license no _____ valid up to _____. (copy attached)

The Blood Bank agrees to provide Whole Human Blood/ Packed Red Blood Cells and other support as per the guidelines of Drug & Cosmetics Act, 1945 to the proposed Blood Storage Center (BSC) as and when the license for Blood Storage is granted to _____, under following conditions:

1. The Blood Storage Center shall fulfill all the requirements as per the guidelines of Drugs & Cosmetics act regarding space, manpower, equipments etc.
2. All activities involving the storage, handling, transportation and testing including cross-matching of blood before issue along with collection of service charges (if any) shall be the responsibilities of the Blood Storage Center (BSC). The Service charges collected by Blood Storage Center against issue of supplied blood units will be reimbursed to the Blood Bank.
3. The Blood Storage Center shall organize Voluntary Blood Donation Camp(s) in their area to maintain supply chain and inform us in advance for collection of Blood units.
4. If unutilized, the Whole Blood units/ Packed Red Cells shall be sent back to the Blood Bank at least 15 days prior to the expiry date of the Whole Blood units/ Packed Red Cells to avoid discard of the Blood unit.
5. The Blood Bank will conduct mandatory tests as per Drugs & Cosmetics Act, 1945, before supplying to Blood Storage Centre.
6. The label of the tested blood unit will contain the above particulars with date of testing before supplying to Blood Storage Centre.
7. The Blood Bank will maintain a separate register for supply of blood units / components to Blood Storage Centre with all necessary details.

Details of the Blood Bank

Name of the Blood Bank: _____ District: _____

Storage Capacity (no. of Blood Units): _____

No of Blood Units that can be supplied to Blood Storage Center per month: _____

Number of Blood Storage Centers already attached to Blood Bank: _____

Superintendant
(Blood Storage Center)
(Name & Seal)

Blood Bank In Charge
(Name & Seal)

Chief Medical Superintendent
District Hospital
(Name & Seal)

Date: _____

ANNEXURE-II
(To be prepared in four copies)

Proposed Blood Storage Centre: _____

District: _____

Status of Equipments required for Blood Storage Centre

S N	Requirement	Number available	Functional Status
1	Blood Bank Refrigerator		
2	Table-top centrifuge		
3	Microscope		
4	Insulated Blood Transport boxes		
5	Deep Freezer		

Details of Staff responsible for Blood Storage Centre*

S N	Details	Medical Officer	Lab Technician
1	Name		
2	Qualification		
3	Working at FRU since		
4	Status of Training in BSC		

** Kindly attach the attested certified copies of the qualification and experience certificates of the staff*

Signature of Superintendent/ MOIC

UNDERTAKING

We hereby solemnly declare that the captive consumption of Whole Human Blood at the proposed Blood Storage Centre at _____ will not exceed 2000 units per annum.

If the consumption exceeds 2000 units per annum, we shall apply for license of new Blood Bank.

**Counter-signed
CMO / CMS**

**Signature with seal
Superintendent/ MOIC**