A) Donor Information

<table>
<thead>
<tr>
<th>Donor Id *</th>
<th>Type of Donation*</th>
<th>Sex *</th>
<th>Height of Donor (cm) *</th>
<th>Donor Type*</th>
<th>Site of Donation*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(a) Whole Blood</td>
<td>(Male/Female/Other)</td>
<td></td>
<td>(a) Voluntary</td>
<td>(Blood Centre/Camp)</td>
</tr>
<tr>
<td></td>
<td>(b) Apheresis</td>
<td></td>
<td></td>
<td>(b) Replacement</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(c) Family Donor</td>
<td></td>
<td></td>
<td>(c) Family Donor</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(d) Autologous</td>
<td></td>
<td></td>
<td>(d) Autologous</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Weight of Donor (kg) *</th>
<th>BP (Diastolic): mmHg</th>
<th>Donor Type*</th>
<th>Site of Donation*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>(a) Voluntary</td>
<td>(Blood Centre/Camp)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(b) Replacement</td>
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<td></td>
<td></td>
<td>(c) Family Donor</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(d) Autologous</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pre-Donation Vitals*</th>
<th>BP (Systolic): mmHg</th>
<th>Date of Donation*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age/ Date of Birth *</th>
<th>Pulse: per min</th>
<th>Time of Donation Hr Min</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yrs:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Month:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Days:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OR</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sex *</th>
<th>Date of Donation*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>


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

<table>
<thead>
<tr>
<th>(a) Whole Blood</th>
<th>Volume Collected (ml)*</th>
<th>Manufacturer of Blood Bag*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lot No. of Blood Bag*</td>
<td></td>
<td>(Terumo Penpol Limited/Mitra Industries Pvt. Ltd/ HLL Lifecare Ltd/Fresenius Kabi AG/Fenwal Inc/Polymed/Other)</td>
</tr>
<tr>
<td>Manufacturer of Blood Bag*</td>
<td></td>
<td>(Terumo Penpol Limited/Mitra Industries Pvt. Ltd/ HLL Lifecare Ltd/Fresenius Kabi AG/Fenwal Inc/Polymed/Other)</td>
</tr>
<tr>
<td>Expiry Date of Blood Bag*</td>
<td></td>
<td>(Beta/Alpha/Gamma)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(b) Apheresis</th>
<th>Expiry Date of Kit*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lot No. Kit*</td>
<td></td>
</tr>
<tr>
<td>Volume Collected (ml)*</td>
<td></td>
</tr>
</tbody>
</table>

C) Adverse Reaction Details

<table>
<thead>
<tr>
<th>Date and Time of reaction*</th>
<th>Type of Reaction*</th>
<th>Vitals at the time of Reaction</th>
<th>Data Captured*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hr Min</td>
<td>(Localised/Generalized/Both)</td>
<td>Pulse: per min</td>
<td>(Onsite/Call back by donor/ Call back by Blood Centre)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>BP (Diastolic): mmHg</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>BP (Systolic): mmHg</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Venipuncture Site*</th>
<th>Reaction Time*</th>
<th>Injury*</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Left/Right)</td>
<td>(Pre-Donation/During Donation/After Donation)</td>
<td>(Yes/No)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Venipuncture*</th>
<th>Site of Reaction*</th>
<th>Donation Completed*</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1/2/&gt;2)</td>
<td>(At Donation Site/ Outside Donation Site)</td>
<td>(Yes/No)</td>
</tr>
</tbody>
</table>

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
### Generalized Complications

**B1-Vasovagal reactions**
- Generalized Weakness
- Anxiety
- Dizziness
- Nausea
- Vomiting
- Pallor (skin and lips)
- Rapid Pulse
- Convulsions
- Cold extremities
- Hyperventilation
- Hypotension
- Low Vol Pulse
- Feeling of warmth
- Tetany
- Loss of consciousness (LOC) (<60 Sec/≥60 Sec)

**B2-Allergic reactions**
- Cyanosis
- Wheezing
- Flushing, swelling of eyes, lips, or tongue
- Chest tightness
- Cardiac arrest

**B3-Other serious complications related to blood donation**
- Acute cardiac symptoms (other than myocardial infarction or cardiac arrest)
- Myocardial infarction (MI)
- Cardiac arrest
- Transient Ischemic attack (TIA)
- Death

**Apheresis Complication**
- 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)

**Other Complication**

**D-Other Reactions** Please Specify

### Outcome
- Resolved on donation site
- Resolved on follow up
- Recovered with Sequelae
- Death following the adverse reactions
- Unknown

### Imputability
- Definite (Certain)
- Probable (Likely)
- Possible
- Unlikely (Doubtful)
- Excluded

### Any Other Information:

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**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