सत्यमेव जयते
National Institute of Biologicals, NOIDA
(NCC- HvPI)
Ministry of Health and Family Welfare, Govt. of India

HAEMOVIGILANCE NEWSLETTER

Vol. No. 14, Issue 27, January-June, 2026



Two-Day Residential Training Workshop for Reporting Blood Centre officials under HaemovigilanceProgramme of India organized by National Institute of Biologicals (NIB), NOIDA from 11th -12th December, 2025 at NIB Campus.

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09 Celebrated Swasth Nari, Sashakt Parivar Abhiyaan

"The aim of the newsletter is to disseminate information on Haemovigilance Programme of India so as to create awareness amongst healthcare professionals & other stakeholders on safe Blood Transfusion & Blood Donation Practices"

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Haemovigilance Programme of India - Milestones

Haemovigilance Programme of India was launched on 10th December, 2012 at the National level in 90 medical institutions across the country by National Institute of Biologicals (NIB), NOIDA, Ministry of Health & Family Welfare, Government of India as the National Coordinating Centre (NCC). The objective of this programme is to track Adverse Reactions associated with Blood Transfusion and Blood Donation.

Haemovigilance is defined as 'a set of surveillance procedures covering the whole transfusion chain from the collection of blood and its components to the follow-up of its recipients i.e. from the vein of the donor to the vein of the recipient. It is intended to collect and assess information on unexpected or undesirable effects resulting from the therapeutic use of labile blood products and to prevent their occurrence and recurrence'. Haemovigilance is a tool to improve the quality of the blood transfusion chain, primarily focusing on safety.

1. The recipient's arm i.e. reporting of Adverse Reactions with respect to Blood Transfusion in the patient is being covered under Haemovigilance Programme of India (HvPI) with the launch of the programme on 10th December, 2012 in the country.
2. The donor's arm i.e. Reporting of Adverse Reactions associated with Blood Donations is being covered under National Blood Donor Vigilance Programme (NBDVP) which was launched on 14th June, 2015 on World Blood Donor Day at Science City Kolkata under the ambit of HvPI.
3. Reporting of Adverse Transfusion Reactions is done online via Haemo-Vigil software & reporting of Adverse Blood Donor Reactions is done via Donor-Vigil software available on NIB website www.nib.gov.in

Implementation and coordination of activities of Haemovigilance Programme of India became one of the mandates of NIB as per its bye-laws 3.4.1 of the Institute as approved in the Governing Body meeting of NIB held under chairpersonship of Secretary (Health & F.W.)/ Chairman, Governing Body of NIB on 12th Dec, 2014

DCG (I) issued an office memorandum dated 4th December, 2015 w.r.t. enrolment of all licensed blood centres under HvPI. These licensed blood centres are required to obtain their user ID & password from NIB to uplink their adverse transfusion reaction data to Haemo-Vigil software under HvPI

National Accreditation Board for Hospitals and Healthcare Providers (NABH) in its third edition of accreditation standards on Blood Centres and transfusion services issued in year 2016 has included enrolment by Blood Centres under National Haemovigilance Program of India and monitor adverse donor reactions and adverse transfusion reactions in compliance to the issued directives.

NCC-HvPI, NIB issues certificate of participation to the centres who are actively reporting under Haemovigilance Programme of India.

Collaborative CMEs by National Institute of Biologicals (NIB) to create awareness about Haemovigilance Programme of India

The Haemovigilance Programme of India Division of the National Institute of Biologicals (NIB) plays a pivotal role in strengthening blood safety systems across India. Through active and regular collaboration with medical colleges, hospitals, and blood centres nationwide, the Division jointly organizes Continuing Medical Education (CME) programmes to promote best practices in haemovigilance, donor safety, and patient safety.

Core Objectives

The primary aim of these CME programmes is to increase awareness about the Haemovigilance Programme of India (HvPI) among doctors, clinicians, nurses, and technical personnel working in blood centres and transfusion services. These initiatives are designed to:

- Enhance understanding of haemovigilance principles and regulatory frameworks.
- Improve reporting of transfusion-related and donor-related adverse reactions.
- Strengthen patient and donor safety protocols.
- Encourage blood centres to enroll under HvPI & actively participate in adverse reaction reporting.
- Promote documentation accuracy and address practical challenges in reporting systems.

By facilitating structured training and knowledge exchange, these CMEs support national efforts to monitor, analyze, and reduce transfusion-related risks. They align with global standards and national regulatory requirements, thereby contributing to improved clinical outcomes, policy implementation, supply chain efficiency, and emergency preparedness.

Knowledge Sharing and Expert Participation

Senior doctors, transfusion medicine specialists, clinicians, and regulatory experts actively participate in these CME programmes. They share practical experiences, case studies, regulatory insights, and best practices to strengthen haemovigilance systems at the institutional and national levels. These interactions provide valuable learning opportunities for blood centre staff and healthcare professionals.

Key Topics Covered in CME Sessions

The CME sessions typically include lectures and discussions on:

- Aim, objective and framework of the update on the Haemovigilance Programme of India (HvPI)
- Regulation of Blood Centres in India
- Documentation standards and compliance requirements
- National recipient and donor haemovigilance data: analysis and recommendations
- Rational use of blood and blood components
- Adverse transfusion reactions and their prevention strategies
- Donor vigilance and reporting mechanisms

Through sustained engagement and capacity-building efforts, the Haemovigilance Division of NIB continues to play a crucial role in enhancing transfusion safety and strengthening the national haemovigilance network in India.

1. CME on Haemovigilance organized by Dr. Pinnamaneni Siddhartha Institute of medical sciences & Research Foundation, Krishna District in collaboration with National Institute of Biologicals (NIB), NOIDA on 29th August 2025 at Dr. Pinnamaneni SIMS&RF, Vijayawada, Krishna District, Andhra Pradesh.

- About 200 participants which included Blood centre officials, clinicians, senior nursing officers, nursing officers, lab technicians attended the said CME.



2. CME on Donor, Recipient, Process, and Product Haemovigilance jointly organized by Manipal Hospital, Bengaluru & National Institute of Biologicals (NIB), NOIDA on 11th October 2025 at Manipal Hospital Bengaluru, Karnataka.

- About 100 participants which included Blood centre officials, clinicians, nursing officers, lab technicians attended the said CME.



Two-Day Residential Training Workshop for Reporting Blood Centre officials under Haemovigilance Programme of India organized by National Institute of Biologicals (NIB), NOIDA from 11th - 12th December, 2025 at NIB Campus.

The Two-Day Residential Training Workshop is an ongoing initiative of the Haemovigilance Programme of India (HvPI) designed for actively reporting centres under the programme. These workshops are conducted periodically to strengthen the national haemovigilance system and enhance the quality of reporting across participating blood centres.

The residential workshop is a well-structured and comprehensive training programme. It focuses on discussions on the quality of data submitted to the National Coordinating Centre – HvPI (NCC-HvPI). The sessions are delivered by eminent speakers and specialists in transfusion medicine. The programme also includes interactive case study discussions, group activities and expert–participant interactions. The primary objective of the Two-Day Training Workshop is to sensitize and train blood centre officials from reporting centres under HvPI regarding the latest updates, definitions, guidelines, and best practices in reporting adverse blood transfusion reactions and donor reactions. Special emphasis is placed on improving the accuracy, completeness, and overall quality of data submitted under the programme. It also serves as a valuable platform for networking, collaboration, and sharing best practices among blood centres.

About 35 participants including blood centre officials, technician, technical staff from 14 states /UTs of the country and 05 experts had participated in the said Training Workshop.

REGISTRATION



LAMP LIGHTING



DAY 1

- Haemovigilance Programme of India- An overview & Update
- Classification and Workup of Transfusion Reaction
- FNHTRs & Allergic reactions -definitions, grading, imputability followed by case discussions
- Haemolytic transfusion reactions - Case /report discussions
- Introduction to adverse events with cardiorespiratory symptoms followed by Case/report discussions on TRALI, TACO, TAD, hypotensive transfusion reaction






DAY 2

- Donor Vigilance in India: Introduction & Experience of initial years of implementation
- Donor adverse reactions: Classification & Definitions
- Severity Grading Tools in Donor adverse reaction
- Case Discussion: Localised donor adverse reactions
- Vaso Vagal Reactions: Case based approach & Prevention strategies
- Blood & Blood Components Monographs in Upcoming edition of Indian Pharmacopoeia.








Group Photo

Institutional Representation under Haemovigilance Programme of India (HvPI)

- Head HvPI chaired a session on topic of "Transfusion matters in Thalassemia" in the Workshop on 10th Midterm PHO CME 2025 at Post Graduate Institute of Child Health (PGICH) Noida on 31st, July 2025.





- Head HvPI Invited as Guest Speaker in the AATM Armenia Webinar hosted by Asian Association of Transfusion Medicine (AATM) on 10th September, 2025 wherein she delivered a talk on: "How to Develop and Implement Haemovigilance in a Country" followed by discussion.





- **<u>Partnership with Indian Society of Blood Transfusion and Immunohaematology (ISBTI):</u>**

  In collaboration with the Indian Society of Blood Transfusion and Immunohaematology (ISBTI), NIB played a key role in the success of TRANSCON-2025, the 50th Annual National Conference, from 19th to 21st September, 2025, at Gurugram, Haryana.

  NIB in collaboration with ISBTI organized a dedicated session on Haemovigilance, wherein Head HvPI invited as a faculty member. She presented on the topic of "Haemovigilance Programme of India- an Overview & Update" on 21st September, 2025







- Head- HvPI invited as a Guest Faculty in 13th Annual National Conference of the Indian Society of Transfusion Medicine –TRANSMEDCON 2025, the annual conference of the Indian Society of Transfusion Medicine (ISTM) organized in Jaipur, Rajasthan from 28th to 30th of November 2025. Head HvPI presented on the topic “What Have We Achieved through Haemovigilance Programme in India in the Last Decade” on 30th November, 2025.



Celebrated Swasth Nari, Sashakt Parivar Abhiyaan a nationwide Indian Health Campaign at NIB, NOIDA

- Inline with the Swasth Nari, Sashakt Parivar Abhiyaan a nationwide Indian Health Campaignfrom 17th September to 02nd October, 2025 focused on improving women's health to empower families and strengthen the nation & on the occasion of National Voluntary Blood Donation day, A Voluntary Blood Donation Camp was jointly organized by Haemovigilance Division of National Institute of Biologicals (NIB), NOIDA & Post Graduate Institute of Child Health (PGICH), Sector 30, NOIDA on 01stOctober, 2025 at NIB NOIDA Campus.

  A total of 33 donors donated blood including 05 females.















New Members Enrolled under Haemovigilance Programme of India (58)

ANDHRA PRADESH
1. Blood Centre, New Government General Hospital, SMC Campus, Vijayawada

ASSAM
1. Blood Centre Tezpur Medical College and Hospital, Sonitpur
2. Blood Centre Dhubri Medical College Hospital, Dhubri
3. J.S.B. Civil Hospital, Chirang

BIHAR
1. Jeevak Heart Hospital & Research Institute, Patna
2. Mediversal Blood Centre, Mediversal Multi Super Speciality Hospital, Patna

Chhattisgarh
1. Ekta Blood Centre & Components , Bilaspur

Gujarat
1. Lions Club of Baroda Blood Centre, Vadodara
2. Life Line Blood Centre, Junagadh
3. Bhoomi Voluntary Blood Centre, Palanpur

Haryana
1. Pushpanjali Hospital Blood Centre, Rewari
2. Yatharth Super Speciality Hospital (A Unit of Pristine Infracon Private Limited), Faridabad
3. World College of Medical Science Research & Hospital (Blood Centre) Jhajjar
4. Fortis Hospital, Manesar, Gurugram
5. Pawan Hospital Blood Centre, Faridabad

Jammu & Kashmir
1. AIIMS, Vijaypur, Jammu, Dsist. Samba

Jharkhand
1. Orchid Blood Centre, Ranchi

Karnataka
1. SDM College of Medical Sciences & Hospital Blood Centre, Sattur, Dharwad
2. PES University Instiute of Medical Science and Research Blood Centre, Bengaluru
3. Vydehi Superspeciality Hospital, Bangalore
4. Manipal Hospital Sarjapur Blood Centre, Ambalipura
5. Rashtrotthana Blood Centre, Bangalore

Kerala
1. Nadakkavil Hospital Blood Centre, Malappuram
2. Jubilee Memorial Hospital Blood Centre, Thiruvananthapuram
3. Welcare Hospital, Ernakulam
4. SP Medifort Hospital (SP Hitech Ventures), Thiruvananthapuram
5. SK Hospital, Thiruvanthapuram (Dist)
6. LF Hospital Blood Centre, Angamaly
7. Thrikkakara Muncipal Co-Op. Hospital Blood Centre, Ernakulam
8. Blood Centre, Taluk Headquarters Hospital, Ottapalam, Palakkad

Madhya Pradesh
1. SRVS Medical College, Shivpuri

Maharashtra
1. Government Medical College, Gondia
2. Holy Family Hospital, Bandra (West), Mumbai

New Delhi
1. Max Super Speciality Hospital, Dwarka (A unit of Muthoot Hospita Private Limited), Dwarka

Odisha
1. Sum Ultimate Medicare Blood Centre, Khordha Distt

Punjab
1. Knowledge Villa Intergrated Education & Welfare Society Blood Centre, Amritsar

Rajasthan
1. S.K. Soni Blood Centre, Jaipur
2. Arya Blood Centre, Arya Medical College & Hospital, Jaipur
3. Balvir Singh Tomar Institute of Medical Sciences, Research & Hospital, Jaipur
4. Rajasthan Blood Centre, Ajmer
5. Porwal Hospital Blood Centre, Bhilwara

Tamil Nadu
1. VGM Blood Centre, VGM Foundation Trust, Coimbatore
2. M/s AVM Hospital Blood Centre (A Unit of AVM Associates (P) Ltd.), Tuticorin
3. MGM Healthcare Pvt. Ltd, Blood Centre, Chennai
4. Sanjeevan Voluntary Blood Centre, Chennai
5. Apollo Proton Cancer Centre, Chennai
6. Blood Centre Government Head Quarters Hospital, Tenkasi, Tirunelveli
7. Takshashila Medical College Hospital-Blood Centre, Viluppuram

Telangana
1. Amor Janani Blood Centre, Malkajgiri Dist.
2. VKR Trust Blood Centre (A Unit of Ramdevrao Hospitals), Medchal-MalKajgiri
3. Pace Hospital Blood Centre, Hyderabad

Uttar Pradesh
1. Felix Hospital Blood Centre, NOIDA, Gautam Budh Nagar
2. Narayan Hospital & Trauma Centre, Rampur
3. Kailashi Super Speciality Hospital / Blood Centre, Meerut
4. Mariampur Hospital Blood Centre, Kanpur

Uttarakhand
1. Manya Charitable Blood Centre, Dehradun

West Bengal
1. Neotia Getwel Blood Centre (A Unit of Ambuja Healthcare Venture Limited), Siliguri
2. Jagannath Gupta Institute of Medical Sciences & Hospital, Blood Centre (A Unit of Urmila Devi Jagannath Gupta Charitable Trust), Kolkata

National Institute of Biologicals
Ministry of Health & Family Welfare, Govt. of India

NATIONAL BLOOD DONOR VIGILANCE PROGRAMME

(Haemovigilance Programme of India)

Adverse Blood Donor Reaction Reporting Form

Version-2

A) Donor Information

Donor Id *: _____

Type of Donation* **(a)** Whole Blood **(b)** Apheresis__ (Platelets/Plasma/ Plasma + Platelets/RBC/Granulocyte/ Peripheral Blood Stem Cells/ COVID-19 Convalescent Plasma)

Sex * _____ (Male/Female/Other)

Weight of Donor (kg) * _____ Height of Donor (cm)* _____

Donor Type* **(a)** Voluntary **(b)** Replacement **(c)** Family Donor **(d)** Autologous (First Time/Repeat)

Age/ Date of Birth * Yrs: _____ Month: _____ Days: _____ OR _____

Site of Donation* _____ (Blood Centre/Camp)

Pre-Donation Vitals* Pulse: _____ per min BP (Systolic): _____ mmHg BP (Diastolic): ____ mmHg

Date of Donation * _____

Time of Donation Hr _____ Min _____

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

(a) Whole Blood

Lot No. of Blood Bag* _____

Volume Collected (ml)* _____

Manufacturer of Blood Bag* _____ (Terumo Penpol Limited/Mitra Industries Pvt. Ltd/ HLL Lifecare Ltd/Fresenius Kabi AG/Fenwal Inc/Polymed/Other)

Expiry Date of Blood Bag* _____

(b) Apheresis

Lot No. Kit* _____

Volume Collected (ml)* _____

Expiry Date of Kit* _____

C) Adverse Reaction Details

Date and Time of reaction* _____ Hr____Min____

Type of Reaction* _____ (Localised/Generalized/Both/ Other Reactions)

Vitals at the time of Reaction Pulse: _____ per min BP (Systolic): ____ mmHg BP (Diastolic): ____ mmHg

Data Captured* _____ (Onsite/Call back by donor/ Call back by Blood Centre)

Reaction Time* _____ (Pre-Donation/During Donation/After Donation)

Venipuncture Site* _____ (Left/Right/Both)

Injury* _____ (Yes/No)

Venipuncture* _____ (1/2/>2)

Site of Reaction* _____ (At Donation Site/ Outside Donation Site)

Donation Completed* _____ (Yes/No)

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

National Institute of Biologicals
Ministry of Health & Family Welfare, Govt. of India

NATIONAL BLOOD DONOR VIGILANCE PROGRAMME

(Haemovigilance Programme of India)

Adverse Blood Donor Reaction Reporting Form

Version-2

Generalized Complications

☐ **B1-Vasovagal reactions**

(a) ☐ Generalized Weakness (b) ☐ Anxiety (c) ☐ Dizziness (d) ☐ Nausea
(e) ☐ Vomiting (f) ☐ Pallor(skin and lips) (g) ☐ Rapid Pulse (h) ☐ Convulsions
(i) ☐ Cold extremities (j) ☐ Hyperventilation (k) ☐ Hypotension (l) ☐ Low Vol Pulse
(m) ☐ Feeling of warmth (n) ☐ Tetany (o) ☐ Loss of bowel or bladder control (p) ☐ Cyanosis
(q) ☐ Sweating (r) ☐ Loss of Consciousness(LOC) ☐ (<60 Sec/>60 Sec)

☐ **B2-Allergic reactions (Generalized)**

(a) ☐ Cyanosis (b) ☐ Wheezing (c) ☐ Flushing,swelling of eyes,lips or tongue
(d) ☐ Chest tightness (e) ☐ Cardiac a rrest

☐ **B3-Other serious complications related to blood donation**

(a) ☐ Acute cardiac symptoms(other than myocardial infarction or cardiac arrest) (b) ☐ Myocardial infarction(MI)
(c) ☐ Cardiac arrest (d) ☐ Transient Ischemic attack (TIA) (e) ☐ Death

Apheresis Complication Yes/No

☐ **C-Complications related to apheresis**

(a) ☐ 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)
(b) ☐ Haemolysis during procedure
(c) ☐ Air embolism
(d) ☐ Unable to return red cell(>200ml)

Other Complication

☐ **D-Other Reactions** Please Specify _____

Outcome* ☐ Resolved on donation site ☐ Resolved on follow up ☐ Recovered with Sequelae
☐ Permanently disabled ☐ Death following the adverse reactions ☐ Unknown

Imputability* ☐ Definite (Certain) ☐ Probable (Likely) ☐ Possible
☐ Unlikely (Doubtful) ☐ Excluded

Any Other Information or Predisposing Factors for Submitted Reactions: ☐

Reporter…….. **Date of Report**……..

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 ☐
COVID-19 Convalescent Plasma ☐

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 ☐

National Institute of Biologicals
Ministry of Health & Family Welfare, Govt. of India
(National Coordinating Center)
HAEMOVIGILANCE PROGRAMME OF INDIA

Transfusion Reaction Reporting Form (TRRF) For Blood & Blood Components & Plasma Products (Version-2)

* Mandatory Field

(A) Patient Information

Hospital Code No.:

Patient Initials*: | Gender*: | Blood Group*:

Hospital Admission No.*: | Age/Date of Birth*: | .....Yrs | .....Month | .....Days | .....Hrs | .....Mins

Primary Diagnosis*:

Medical History:

(B) Transfusion Reaction Details*

Was the patient under anaesthesia during transfusion: Yes/No if Yes type : GA/Spinal/LA

	Temp:	Pulse:	BP:	RR:	SPO2:
Pre-transfusion Vitals:					
Vitals at the time of reaction:					

Please tick mark the relevant signs and symptoms listed below

Generalised		Pain	Respiratory	Renal	Circulatory
☐ Fever	☐ Anxiety	☐ Chest Pain	☐ Dyspnoea	☐ Haematuria	☐ Tachycardia
☐ Chills	☐ Itching (Pruritus)	☐ Abdominal	☐ Wheeze	☐ Haemoglobinuria	☐ Hypertension
☐ Rigors	☐ Edema (Site)____	☐ Back/Flank Pain	☐ Cough	☐ Oliguria	☐ Hypotension
☐ Nausea	☐ Juandice	☐ Infusion Site Pain	☐ Hypoxemia	☐ Other_____	☐ Raised JVP
☐ Urticaria	☐ Other_____	☐ Other_____	☐ Bilateral Infiltrates on Chest X-ray		☐ Arrhythmias
☐ Flushing					☐ Other_____
☐ Restlessness					
☐ Vomiting			☐ Other_____		

Any Other(Specify) : .....

(C) Transfusion Product(s) Details*

Select*	Select Component	Select Indication	Date & Time of Issue of Blood Component	Date & Time of onset Transfusion	Unit Id (Transfused)	Blood Group	Volume Transfused (ml)	Expiry date of Blood Component	Manufacturer of Blood Bag	Batch / Lot No. of the Blood Bag	1st time/ repeat Transfusion
☐	Saline Washed Red Cells										☐ 1st Time
☐	COVID-19 Convalescent Plasma										
☐	Whole blood										
☐	Packed Red blood cells (PRBC)										☐ Repeat 1 to 10
☐	Buffy coat depleted PRBC										
☐	Leucofiltered PRBC										
☐	Random Donor platelets/ pooled										☐ Repeat > 10
☐	Apheresis Platelets										
☐	Fresh Frozen Plasma										
☐	Cryoprecipitate										
☐	Any Other _____										

Add New Plasma Product

Select	Plasma Product	Indication	Date of Administration	Manufacturer	Expiry Date of the Plasma Product	Batch No. / Lot No.	1st Time / Repeat
							☐ 1st Time ☐ Repeat 1 to 10 ☐ Repeat > 10

TRANSFUSION REACTION REPORTING FROM (TRRF Version-2)

(D) Investigations

☐ Clerical Checks — Specify Error Found if any: _____

	Investigation	Pre-transfusion sample	Post-transfusion sample
	☐ Visual Check		
*	☐ Repeat Blood Grouping	O+ /A+ /B+ /AB+ /O- /A- /B- /AB-	O+ /A+ /B+ /AB+ /O- /A- /B- /AB-
*	☐ Repeat Crossmatch	☐ Compatible ☐ InCompatible ☐ Not Done	☐ Compatible ☐ InCompatible ☐ Not Done
*	☐ Repeat Antibody screen	☐ Negative ☐ Positive ☐ Not Done	☐ Negative ☐ Positive ☐ Not Done
	☐ Antibody Identification		
*	☐ Direct antiglobulin test	☐ Negative ☐ Positive ☐ Not Done	☐ Negative ☐ Positive ☐ Not Done
	☐ Hemoglobin		
	☐ Plasma Hemoglobin		
	☐ Urine hemoglobin		
	☐ Bilirubin (Total/conjugated)		
	☐ Platelet count		
	☐ PT/INR		
*	☐ Blood culture of Blood Bag	☐ Negative ☐ Positive ☐ Not Done	Specify Organism if positive_____
*	☐ Blood culture of Patient	☐ Negative ☐ Positive ☐ Not Done Specify Organism if positive_____	☐ Negative ☐ Positive ☐ Not Done Specify Organism if positive_____
	☐ Chest X-ray of the patient in case of suspected TRALI		

In case of Non-immune hemolysis (which of the following was the case?)

☐ Hemolysis due to freezing of PRBC Units
☐ Hemolysis due to inappropriate warming of PRBC Units
☐ Hemolysis due to infusion of any other fluid through same BT set. — Specify Fluid:_____
☐ Mechanical damage

In Case of ABO Mismatch (which of the following was the case?)

☐ Wrong Blood in tube
☐ Grouping error
☐ Labelling error
☐ Wrong unit transfused

(E) Nature of Adverse Reaction(s)*

Select	Reaction	Date & Time of Onset of Reaction	Date & Time of Recovery	Outcome
☐	Febrile Non Haemolytic Reactions (FNHTR) 1° C rise in temperature ☐ 2° C rise in temperature ☐ Only Chills & Rigors ☐			☐ 1. Death following the Adverse Reaction(s)
☐	Allergic reaction			
☐	Anaphylaxis			
☐	Immunological Haemolysis due to ABO Incompatibility			
☐	Immunological Haemolysis due to other Allo-Antibodies			☐ 2. Recovered
☐	Non Immunological Haemolysis			
☐	Hypotensive Transfusion Reaction			
☐	Transfusion Related Acute Lung Injury (TRALI) Definite ☐ Possible ☐			
☐	Transfusion Associated Dyspnoea (TAD)			
☐	Transfusion Associated Circulatory Overload (TACO)			☐ 3. Recovered with Sequelae
☐	Transfusion Transmitted Bacterial Infection			
☐	Transfusion Transmitted Parasitic Infection (Malaria)			
☐	Post Transfusion Purpura			
☐	Transfusion Associated Graft versus Host Disease (TAGvHD)			☐ 4. Unknown
☐	Other Reaction (s) _____ _____ Add New			

IMPUTABITLITY ASSESSMENT

(F) Imputability Assessment*

S. No.	Reaction Term	Transfusion Product/ Component	*Imputability Assessment (Please mention from the below list)

***Imputability: 1. Definite (Certain), 2. Probable (Likely), 3. Possible, 4. Unlikely (Doubtful), 5. Excluded, 6. Not Assessed**

Monthly Denominator Reporting Form *

Hospital Code : — **Month/Year:**

Blood Component	No.of Units Issued
1) Saline Washed Red Cells	
2) COVID-19 Convalescent Plasma	
3) Fresh Frozen Plasma	
4) Whole Blood	
5) Packed Red Blood Cells (PRBC)	
6) Buffy Coat Depleted PRBC	
7) Leucofiltered PRBC	
8) Random Donor Platelets/ Pooled	
9) Apheresis Platelets	
10) Cryoprecipitate	
11) Any Other_____	

HOW TO ENROL YOUR CENTRE UNDER HvPI

Who can Enrol?

Head/ In-charge of Transfusion Medicine Department / Blood Centre

How to Enrol?

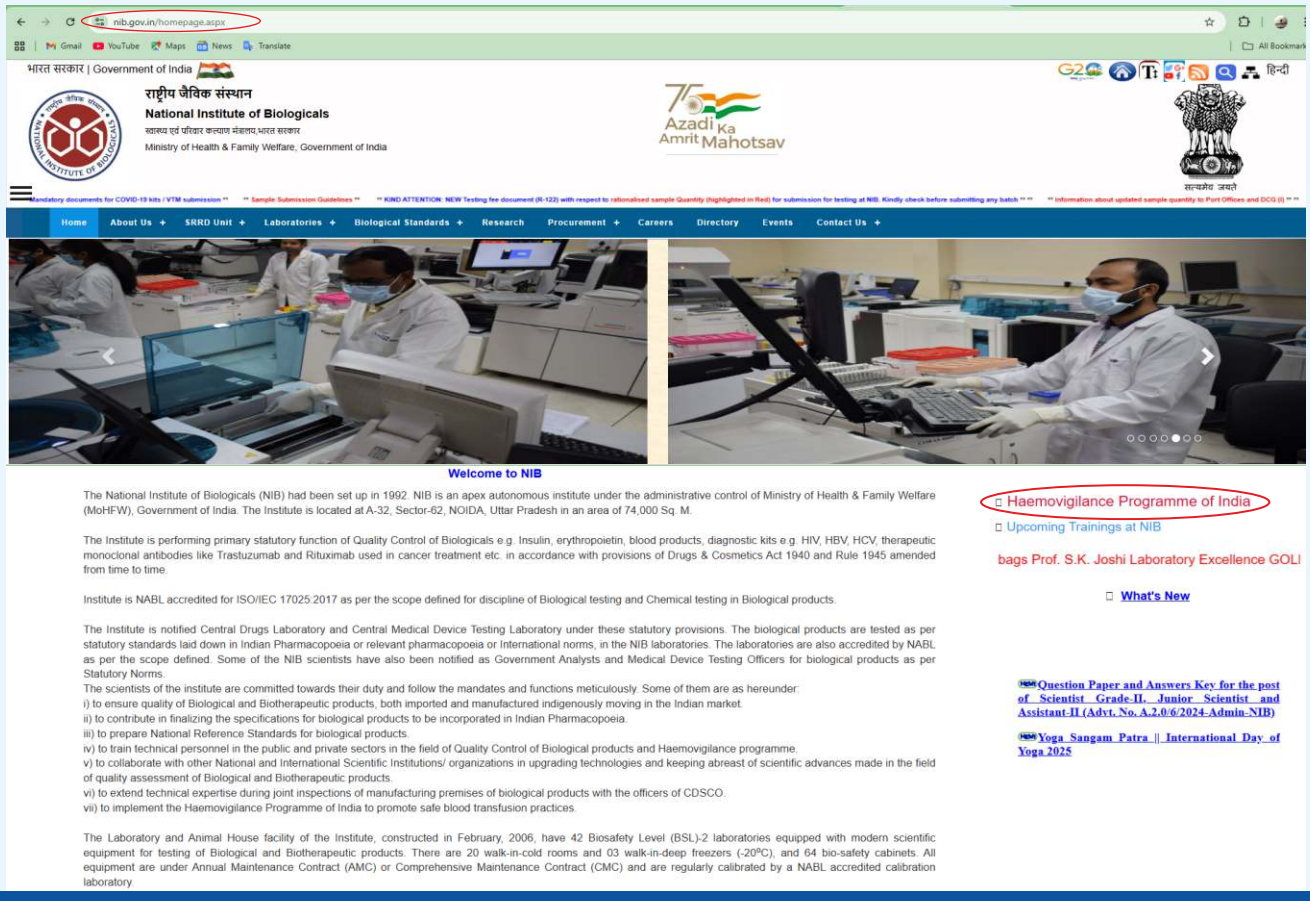
1) Head / Incharge of Transfusion Medicine Department / Blood Centre provides the necessary details to the National Coordinating Centre (NCC) - Haemovigilance Programme of India (HvPI) by sending the duly filled Enrolment Form either to NCC at National Institute of Biologicals, Ministry of Health & Family Welfare, Plot No. A-32, Sector-62, Institutional Area, NOIDA - 201 309 (U.P.) or via E-mail to NCC at haemovigilance@nib.gov.in
2) NCC verifies the details provided by the centre.
3) After verification, NCC issues the User Id and Password to the Head / Incharge of Transfusion Medicine Department / Blood Centre to access the (a) Haemo - Vigil Software (b) Donor-vigil Software for onward Submission of Transfusion Reactions Reports and Adverse Blood Donor Reaction Reports to NCC.

Download Enrolment Form from the site:-**http://nib.gov.in/media/Annexure7.pdf**

How to Report?

Reporting of Adverse Transfusion Reactions via Haemo-Vigil Software & Adverse Blood Donor Reactions in donation via Donor-Vigil Software.

a) Centres enroled under HvPI receives unique User Id & Password from NCC-HvPI, NIB.
b) User Id & Password is same for both the Softwares i.e. Haemo-Vigil (to report adverse transfusion reactions) & Donor-Vigil (to report adverse donor reactions).
c) Software(s) link is available at NIB website i.e. www.nib.gov.in under the tab of Haemovigilance Programme of India.
d) The adverse reaction reports can be uplinked and submitted online via the above mentioned software(s) to NCC-HvPI, NIB





NATIONAL INSTITUTE OF BIOLOGICALS- NATIONAL COORDINATING CENTRE-HvPI

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Toll free No. 1800-180-2588 [Mon to Fri (9:00 a.m. to 5:30 p.m.)]
query related to Haemovigilance Programme of India.

For any other Information/ Suggestions/ Query related to Haemovigilance Programme of India kindly contact: Dr. Akanksha Bisht, Scientist Grade-I & Head-Haemovigilance Programme of India, NIB, NOIDA at: haemovigilance@nib.gov.in