

**Report of event of
Blood Donation Camp
Date: 14/09/20**

3. Blood Donation Camp (Brochure)



P.E. Society's
MODERN COLLEGE OF PHARMACY,
Yamunanagar, Nigdi, Pune-44.

SEPTEMBER

14

2020



**BLOOD DONATION
CAMP**

All the NSS Volunteers are hereby informed that NSS Unit of the college has organised 'Blood Donation Camp' activity on 14/09/2020 at Red Plus Blood Bank, Bhosari, Pune. All are requested to actively participate in the activity.

DR. A. S. TAPKIR
NSS Program Officer

DR. P. D. CHAUDHARI
Principal



(Signature)
P. E. Society's Modern College of Pharmacy
Sector No.21, Yamunanagar, Nigdi,
Pune - 411 044.

3. Blood Donation Camp (Notice)



Progress E. Society's
MODERN COLLEGE OF PHARMACY,
Yamunanagar, Nigdi, Pune-44




Date: 10/09/2020

NOTICE


All the students & staff members are hereby informed that NSS Unit of the college has organised **Blood Donation Camp** on 14th September 2020; 10 to 03 pm at Red Plus Blood Bank, Bhosari, Pune.

Note:

Students & Staff members who are eligible for blood donation are requested to donate their blood for noble cause


Dr. A. S. Tapkir
NSS Program Officer




Dr. P. D. Chaudhari
Principal
Principal
P. E. S. Modern College of Pharmacy
Sector No.21, Yamunanagar, Nigdi,
Pune - 411 044

3. Blood Donation Camp (Report)



P. E. Society's
MODERN COLLEGE OF PHARMACY, NIGDI, PUNE-44
NSS REGULAR ACTIVITY REPORT
2020-2021

1.	Name of activity	Blood Donation
2.	Date of activity	14.09.2020 , 10.00 am to 2.00 pm
3.	Total no students participated	10
4.	Occasion of activity	Blood Donation
5.	Inauguration by	Dr. P.D. Chaudhari
6.	Place of activity	Red plus blood bank Bhosri, Pune
7.	Objectives of activity	To encourage students to donate blood and saving life. To aware students about importance and need of blood donation. To cultivate a caring attitude towards community who need a blood donar. To collect the blood for blood banks.
8.	Outcome of activity	Encouraged students to donate blood and saving life. Students understood importance and need of blood donation. Collected blood for blood bank. As a pharmacist importance and need of blood were understood.
9.	Activity co-coordinator	Dr. A. S. Tapkir



Dr. A. S. Tapkir
 NSS Program Officer



Dr. P.D. Chaudhari
 Principal

Principal
 P. E. S. Modern College of Pharmacy
 Sector No.21, Yamunanagar, Nigdi,
 Pune - 411 044

3. Blood Donation Camp (Attendance)



**P. E. Society's
Modern College of Pharmacy, Nigdi, Pune-44**

Name of activity: Blood Donation

Date of activity: 14.09.2020

Sl. No.	Name of Participants	Signature
1.	Laxmi Chaudhari	Laxmi
2.	Gaurav Aman	G. Aman
3.	Mohamad Pathan	M. Pathan
4.	Aher Omkar	Omkar
5.	Abhang Sandip	Sandip
6.	Amit Tapkir	Amit Tapkir
7.	Nikhil Gabale	N. Gabale
8.	Onkar Dhole	O. Dhole
9.	Maitnil Hande	M. Hande
10.	Prashant Pawar	P. Pawar

Dr. A. S. Tapkir
NSS Program Officer




Principal
P. E. S. Modern College of Pharmacy
Sector No.21, Yamunanagar, Nigdi,
Pune - 411 044.

please note that, incompletely filled forms will not be accepted.
 for office use only Date: _____ Time: _____

BLOOD / BLOOD COMPONENT REQUISITION FORM



Sanjeevani Blood Bank
 COMPONENT & Apheresis CENTRE

Plot No. 207, 2nd Floor, Chaudhary Street,
 Above the old Bank Building, Station
 Highway, Sec 14, Gurgaon - 122002
 Ph: 8860104106, 9020104104

Patient's full name (in block letters) Mr. Rakesh Godekam
 Patient's residential address Sai Kanti Society Flat 6/65, 3rd floor, Shadow Woods, Iron Works, Sec 14, Gurgaon
 Hospital name _____ Bed no. 3
 Indoor reg. no. _____ Sex F Age 25
 Medical officer's name & Qualification _____
 Diagnosis and brief history anemia Hb% in app. 17.000
 Indication for transfusion _____
 Last transfusion history _____

- Last transfusion history:
- Blood
 - Anemia
 - Trauma
 - Surgery
 - Dialysis
 - GIT
 - Exchange transfusion
 - Burn

Whether You Require NAT Tested Units? _____ Write Yes or No in the Box

Quantity Of Blood & Blood Components Required

Whole Blood (WB)	Packed Red Cell (P.R.C.)	Whole Blood Plasma (WB.P)	Fresh Frozen Plasma (FFP)	Platelet concentrate (PL)		Cryoprecipitate	
				R.T.P.	S.D.P.	Whole Blood	Pure Plasma
				<u>100</u>			

When required Date: 14/9/20 Time: 7 PM Today
 Regular / Urgent / Reserve for Operation Date: urgent

Address & Phone No. of Hospital Date: _____

History of previous transfusions (if any)

(a) Number of transfusions given _____

(b) Approximate dates _____

(c) Presence of absence of reaction: _____

Patient's blood group (if known)

I hereby agree to stick by the rules printed on label
 M.O. of the patient
 Hospital Seal

(For Blood bank use only)

Patient's name: _____ Sr. No. Of Demand _____

Patient's Blood Group & Rh	Anti-A	Anti-B	Anti-AB	Anti-D	A Cells	B Cells	O Cells	Blood Group	Rh	Tick Sign

Sr. No.	B.B. No.	Segment No.	Product	Blood Group	Rh	Cross-match		Date & time of Issue
						Controlled by	Issued by	
1.								
2.								
3.								
4.								
5.								

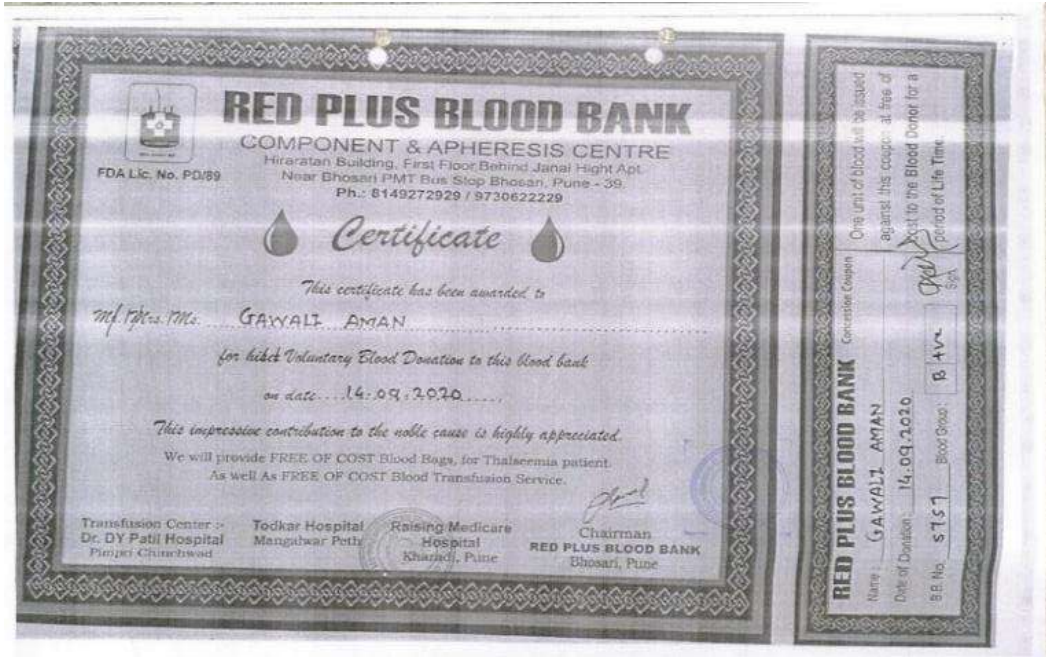
Attention- I am aware that HIV/HBsAg/HCV may be transmitted during the window period of infection, when tested negative in Blood Bank. In such case Blood Bank will not be responsible.

NAT Tested Blood is the Safest Blood Available Worldwide It reduces chances of HIV (AIDS), HBsAg And HCV Virus

[Handwritten Signature]

Pharmacy
Gurgaon

3. Blood donation camp (Sample certificate)



Principal
P. E. S. Modern College of Pharmacy
Sector No.21, Yamunanagar, Nigdi,
Pune - 411 044.



Signature



Principal
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