THROUGH HUMANITY TO PEACE
ଭାରତୀୟ ରେଡ୍‌କ୍ରସ୍ ସୋସାଇଟି, ଓଡ଼ିଶା ରାଜ୍ୟ ଶାଖା
Indian Red Cross Society
Odisha State Branch

Letter No. 114 RC-ESTT/ 132/2020

Date. 20.01.2023

From
Bibhuti Bhusan pattnaik, IAS(Retd.)
Honorary Secretary
IRCS- Odisha State Branch, Bhubaneswar

To
Dr.Kamal K. Halder
Assistant Drug Controller (India)
Deputy Drugs Controller (India) I/c
Central Drugs Standard Control Organisation(East Zone)
Nizam Palace, 7th Floor(Eastern Side)
234/4,A.J.C. Boss Road,Kolkata -700020

Sub: Compliance vide Letter No. 7393/DC-Mfg.(A)-Blood-03/2022, dated: 16th December, 2022.

Sir,

A team of experts head visited this institution and had made certain observations vide your Letter No. 7393/DC-Mfg.(A)-Blood-03/2022, dated: 16th December, 2022.

Please find enclosed herewith the compliances as asked by you. Ten Annexures are attached herewith for your kind consideration.

We will appreciate if the matter is taken up at your end and an early inspection is done for granting us the license

Thanking You

Yours faithfully

Honorary Secretary

Red Cross Bhavan, Unit - IX, Pandit Jawaharlal Nehru Marg, Bhubaneswar - 751022
Telegram : Redcross, Telefax : (+91-674) 239 2389, Phone : (+91-674) 239 0712, 239 0647, E-mail : ircsosb@gmail.com
Website : www.odisharedcross.org

THROUGH HUMANITY TO PEACE

ଭାରତୀୟ ରେଡ୍‌କ୍ରସ୍ ସୋସାଇଟି, ଓଡ଼ିଶା ରାଜ୍ୟ ଶାଖା

Indian Red Cross Society
Odisha State Branch

Letter No. RC-ESTT/ 132/2020 Date. .01.2023

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IRCS- Odisha State Branch, Bhubaneswar

To
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Thanking You

Yours faithfully

Sd/-Honorary Secretary
Date: 20.01.2023

Memo No: 115 / RC-ESTT/ 132/2020
Copy submitted to the Drugs Controller, Odisha, Drugs Control Administration, Nandan Kanan Road, Gajapati Nagar, Near Sainik School, Bhubaneswar Odisha for information & necessary action.

Honorary Secretary

Red Cross Bhavan, Unit - IX, Pandit Jawaharlal Nehru Marg, Bhubaneswar - 751022
Telegram : Redcross, Telefax : (+91-674) 239 2389, Phone : (+91-674) 239 0712, 239 0647, E-mail : ircsosb@gmail.com
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Indian Red Cross Society

Odisha State Branch

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Thanking You

Yours faithfully

Sd/-Honorary Secretary

Memo No: 116 / RC-ESTT/ 132/2020

Date: 20.01.2023

Copy to Deputy Drugs Controller (India), Directorate General of Health Services(Blood Section),FDA Bhavan, ITO, Kotla Road,New Delhi - 110002 for information and necessary action.

Honorary Secretary

Red Cross Bhavan, Unit - IX, Pandit Jawaharlal Nehru Marg, Bhubaneswar - 751022
Telegram : Redcross, Telefax : (+91-674) 239 2389, Phone : (+91-674) 239 0712, 239 0647, E-mail : ircsosb@gmail.com
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THROUGH HUMANITY TO PEACE

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Indian Red Cross Society
Odisha State Branch

Letter No. RC-ESTT/ 132/2020 Date. .01.2023

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To
Dr.Kamal K. Halder
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Thanking You

Yours faithfully

Sd/-Honorary Secretary

Memo No: 117 / RC-ESTT/ 132/2020 Date: 20.01.2023

Copy to Drugs Inspector, Bhubaneswar –III Range, along with one set of documents enclosed for information and necessary action

Honorary Secretary

Red Cross Bhavan, Unit - IX, Pandit Jawaharlal Nehru Marg, Bhubaneswar - 751022
Telegram : Redcross, Telefax : (+91-674) 239 2389, Phone : (+91-674) 239 0712, 239 0647, E-mail : ircsosb@gmail.com
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Letter No. 114 RC-ESTT/ 132/2020 Date. 20.01.2023

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Yours faithfully

Honorary Secretary
Date: 20.01.2023

Memo No: 115 / RC-ESTT/ 132/2020
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Honorary Secretary
Date: 20.01.2023

Memo No: 116 / RC-ESTT/ 132/2020
Copy to Deputy Drugs Controller (India), Directorate General of Health Services(Blood Section),FDA Bhavan, ITO, Kotla Road,New Delhi - 110002 for information and necessary action.

Honorary Secretary
Date: 20.01.2023

Memo No: 117 / RC-ESTT/ 132/2020
Copy to Drugs Inspector, Bhubaneswar –III Range, along with one set of documents enclosed for information and necessary action

Honorary Secretary

O/C
Issued by
20/01/23

Compliance to Observations

Observation No 1- Revised 27C along with details of Experience
Compliance -Revised 27C form along with the details is given in Annexure 1.

Observation No 2-Qualification and Experience of all Technical staffs
Compliance -Given in Annexure 1.

Observation No 3-Complete layout of the proposed Blood centers with distinguish separation for Whole Human Blood and Blood Component manufacturing. All the same should be marked and labeled for their specific use. The counseling room should be made a closed room with aluminum glass partition/adequate construction materials up to the height of the ceiling to avoid outside noise and to provide adequate privacy. A proper airlock Change room should be provided at the entrance of Component preparation room.
Compliance- Done as per the observation.

Observation No 4-The proposed blood centre should ensure all the emergency equipments/items as per Clause 5(I. General Equipments and Instruments) of Schedule F, Part XII B of the Drugs and Cosmetic Rules.
Compliance- Done as per the observation. Emergency equipments/items has been procured.

Observation No 5-The proposed blood centre should ensure employment of Counselors or Medical Social Workers having requisite qualification and experience as per Schedule F(C, Personnel), Part XII B of the Drugs and Cosmetic Rules.
Compliance-Given in Annexure 1.

Observation No 6-Standard Operating Procedure(SOP) for the counseling activities to be performed in the blood centre and draft format of register to record the activities along with donor referral to be prepared as per the NBTC guidelines.
Compliance-Given in Annexure 2.

Observation No 7-As per the requirement of Schedule F Part-XIIB, different Standard weights along with its calibration certificate needs to be provided for verification of balance/weighing scales.
Compliance-Done.

20/6/23

Compliance to Observations

Observation No 8-As the proposed blood centre is going to run by the Indian Red Cross Society, SBTC NOC needs to be submitted as per the requirement of Schedule F Part XII B of the Drugs and Cosmetic Rules.
Compliance-Inspection by SBTC has been carried out. The N.O.C would be submitted at the time of Inspection.

Observation No 9-The criterion of eligibility for blood donation mentioned in the donor questionnaire
Compliance-Given in Annexure 3.

Observation No 10-The proposed blood centers should prepare following register/record for such as Blood donor record. Master record for blood and its components, issue register, Records of Components supplied, Records of A.C.D/C.P.D/C.P.D-A/SAGM bags, Register for diagnostic kits and reagents used, transfusion adverse reaction records, records of purchase, use and stock in hand of disposable needles, syringes, blood bags. The details of particulars in each register/record should be as per clause I (Records) of Schedule F Part XII B of the Drugs and Cosmetic Rules.
Compliance- Given in Annexure 4.

Observation No 11-The proposed blood centre should prepare draft sticker type label for Whole blood/Blood components as per Clause M(Labels) of Schedule F Part XII B of the Drugs and Cosmetic Rules.
Compliance- Given in Annexure 5.

Observation No 12-Proposed Blood centre needs to prepare procedure/plan for receiving of blood sample from patient party as well as issuance of Whole blood or its components to patient without entering core operation area, as there was no earmarked for sample receipt and issuance of Whole Blood and its components.
Compliance-Done as per observation.

Observation No 13-All critical areas such as TTI room, Serology room, Component preparation room, Donor room should be provided with suitable ceiling which don't promote growth of microbes, accumulation of dust, does not shred particle themselves. No wooden workstation should be provided in TTI lab, serology labs. Wooden workstation if ay should be replaced with steel/marble working bench.
Compliance-Done as per observation.

20/10/23

Compliance to Observations

Observation No 14-Firm should prepare SOPs as per Clause G (GMPs/SOPs) of Schedule F part XII B of the Drugs and Cosmetic Rules. **SOPs required for preparation of blood component should invariably include time of centrifugation, speed of centrifugation, temp etc.**
Compliance- N.A as we are not applying for components.

Observation No 15-The proposed blood centre should prepare schedule and procedure for equipment usage Log books for the Key equipment/Instruments in blood components manufacturing and testing of Blood components
Compliance-Given in Annexure 6

Observation No 16-The proposed blood centers should prepare schedule and procedure for equipment maintenance and calibration as per Clause E(Equipment) of Schedule F Part XII B of the Drugs and Cosmetics Rules.
Compliance- Given in Annexure 7

Observation No 17-Proposed Blood centre should ensure sterility testing of reference lot of blood bags at regular interval and Copy of agreement for the same should be submitted.
Compliance- Process has been started; Letter has been given to the Director, Capital Hospital. The Consent will be produced during the inspection. Given in Annexure 8

Observation No 18-The proposed blood centre needs to keep procurement document/installation/qualification/calibration documents of equipments (refrigerators/refrigerated centrifuge, platelet agitator/incubator etc) meant for processing blood components.
Compliance- Given in Annexure 9.

Observation No 19-The proposed blood centers is required to prepare SOP for testing/quality control of the applied blood components.
Compliance- N.A as we are not applying for components separation.

Observation No 20-Proposed Blood center need to prepare SOP manual for testing reagents and/or solutions used in testing whole blood/blood component to determine their capacity to perform as per the frequency described under Clause F(Supplies and reagents) of Schedule F Part XII B of the Drugs and Cosmetic Rules.
Compliance- Given in Annexure 10.

20/01/23

FORM 27C

[See Rule 122F]

Application for the grant / renewal of licence for the operation of a Blood Bank for processing of whole blood and/or preparation of blood components.

1. I Sri Bibhuti Bhusan Pattnaik, IAS (Retd.), Honorary Secretary , Indian Red Cross Society, Odisha State Branch here by apply for grant of licence to operate a Blood Centre for processing of whole blood in Red Cross Regional Blood Centre, Bhubaneswar on the premises situated at Red Cross Bhawan, Unit-9 ,Bhubaneswar – 751022.
2. Name(s) of the Item(s)
   a. Whole Human Blood I.P.
3. Names, Qualifications and Experience of the competent technical staff are as under:

(a) Name(s) of Medical Officer.
   i. Dr.Raghunath Behura

(b) Name(s) of Technical Supervisor.
   (i) Sri Alok Kumar Sahu

(c) Name(s) of Registered Nurse.
   i. Mr Santosh Kumar Nayak

(d) Name(s) of Blood Bank Technician.
   (i) Shri Soumya Ranjan Behera
   (ii) Shri Debaprasad Barik
   (iii) Shri Bhaktiswarup Mohanta

(e) Name(s) of Counsellor.
   (i) Shri Gulshan Kumar Dash

4. The premises and plant are ready for inspection.
5. A license fee of Rupees 6900 and an inspection fee of Rupees 1500/- has been credited to the Government under the Head of Account 0210 – MEDICAL AND PUBLIC HEALTH – 04- PUBLIC HEALTH -104- FEES AND FINE ETC -0049 – FINES AND CONFISCATION - 02071, License fees under the Drugs Act And Rule(receipt enclosed).

Date:

Honorary Secretary
IRCS-OSB

THROUGH HUMANITY TO PEACE

ଭାରତୀୟ ରେଡ୍‌କ୍ରସ୍ ସୋସାଇଟି, ଓଡ଼ିଶା ରାଜ୍ୟ ଶାଖା

Indian Red Cross Society

Odisha State Branch

237

L.No - 1962

Dt. 31.12.2022

From

Bibhuti Bhusan Pattnaik IAS(Retd)
Honorary Secretary
IRCS-Odisha State Branch

To

The Director,
CRCBC
Cuttack

Sub:
Relieving of the Technical staff

Sir,

I would like to inform you that the Red Cross Regional Blood Centre has been set up in the premises of the Red cross Bhavan, Bhubaneswar .the medical instruments have been installed .Human resources have been engaged.

The following technical staffs of CRCBC, Cuttack have been transferred to Red Cross Regional Blood Centre, Bhubaneswar untill further orders.

You are requested to relieve them immediately so as to enable them to join in the Red Cross Regional Blood Centre IRCS-OSB Bhubaneswr to assist in the Blood Bank activities .

1. Sri Alok Kumar sahoo- Quality Manager
2. Sri Debaprasad Barik Laboratory technician
3. Sri Soumya Ranjan Behera Laboratory Technician

In place of the above technical staff the following staffs of RCRBC, IRCS-OSB, Bhubaneswar are transferred and posted as such at CRCBC Cuttack

1. Sri Sumit Kumar Moharana Quality Manager
2. Ms. Subhashree Panda , Laboratory Technician
3. Sri Ranjit Sahu Laboratory Technician

Further, Dr. Raghunath Behura Medical officer CRCBC, Cuttack has been deputed to IRCS-OSB to look after the activities of the Blood Centre. He may be relieved immediately.

Yours faithfully,

Honorary secretary

21/12

20/12/22

139

Office Order No: 726/RC-029/2022 Date 23 05/2022

The Services of Dr. Raghunath Behura S/o late Narayan Chandra Behura Permanent resident of A-41, Housing Board Colony , Sector-7 CDA Dist Cuttack as Medical Officer in Central Red Cross Blood Centre (CRCBC) Cuttack is extended for a period of one year w.e.f. 01.06.2022 to 31.05.2023 . His consolidated monthly remuneration is fixed at Rs. 55,000/-(Rupees fifty five thousand) only.

His engagement is purely temporary and can be terminated at any time without assigning any reason thereof.

Honorary Secretary

Memo No - 727 /RC-029/2022 Date. 23 /05/2022

Copy forwarded to the Director, CRCBB Cuttack/Person concerned for information and necessary action.

Honorary Secretary

Memo No. 17 Date: 04-06-2022

Copy forwarded to Accounts Section, Central Red Cross Blood Centre, Cuttack for information and necessary action.

Director
CRC Blood Centre, Cuttack

138

Roll No. 87

Sl. No 9673

18

SAMBALPUR UNIVERSITY

Provisional Certificate

Regn. No 5284/70

This is to certify that Raghunath Behura

Roll No 419 of T.S.M. Medical College Burla

has passed the Annual ~~Second~~ Bachelor of Medicine and Bachelor of Surgery Examination of this University held in the month of October

1978 and has ~~been placed in the~~ class ~~division~~.

JYOTI VIHAR
BURLA

Dated the 5th April 1980

Registrar

136

№ 88677

Board of Secondary Education

Orissa

HIGH SCHOOL CERTIFICATE EXAMINATION

(FOR SCHOOL STUDENTS)

I certify that Raghunath Behera
... Zilla High School Champalpur born on the 12th November fifty-three ... passed the High School Certificate Examination held in the month of March 1970, and was placed in the First Division

SUBJECTS OF EXAMINATION:—

1. English
2. Mathematics/ ~~Domestic~~ Science
3. M.I.L. Oriya
4. Languages (Lower Standard) Sanskrit & Hindi
5. Social Studies
6. General Science
7. Optional:- Mathematics

Board of Secondary Education, Orissa.

Secretary.

137

ODISHA COUNCIL OF MEDICAL REGISTRATION
BHUBANESWAR

24/06/2019

Renewal of Registration under section - 22 of Odisha Medical Registration Act, 1961

Name of the Doctor: Behera Raghunath

Father's Name: Narayan Chandra Behera

Registration No. & Date: 7618 O.M. 19.8.80

Date of Birth: 13.11.53

Qualification: M.B.B.S. (Sambalpur Univ) April/79

Additional Qualification: Nil

Present Address: A-41, Housing Board Colony, Sector-1, C.D.A., Cuttack

Permanent Address: Vill-Athanta, P.o. Tahanga, Dist. Cuttack

This is to certify that the above mentioned doctor having complied with the Requirements of section 22 of Odisha Medical Registration Act, 1961, his/her registration has been renewed for the period up to 31st December 2023

04/06/2019

REGISTRAR
Registrar
Odisha Council of Medical Registration, Bhubaneswar

Bhubaneswar

Date ______

20/1/23

Annexure-4

140

Indian Red Cross Society
Odisha State Branch

CENTRAL RED CROSS BLOOD CENTRE

Blood Bank Compound
Medical Road, Mangalabag, Cuttack - 753 007
Tel : 0671 - 2302258 (O), 2305643 Counter
Email : crcbb.ctc@gmail.com

Letter No. :

BB/29/2020/ 408

Date

16-08-2022

-:To Whom So Ever It may Concern:-

This is to certify that **Dr. Raghunath Behura,** MBBS is working as **Medical Officer** in the Central Red Cross Blood Centre, Cuttack since **01-06-2019**.

Dr. R. N. Behura has got adequate experience in Blood Banking more than three years. Now he is able to perform the duty in the Blood Banking system independently.

He is sincere, honest in his work at the best of my knowledge.

Director
Central Red Cross Blood Centre,
Cuttack

16.8.22

20/01/23

bloodbank
of uttarakhand
We Help Save Lives...

I.M.A. BLOOD BANK OF UTTARAK

47, Ballupur Road, Dehra Dun - 248 001 Ph.: 0135-2755010-11-12, 27551173, 9

IMABB/SMC/2013-14/058

Date- 28/04/14

EXPERIENCE LETTER

TO WHOM SO EVER IT MAY CONCERN

This is to certify that **Mr. Alok Kumar Sahu** has worked in **IMA Blood Bank of Uttarakhand** from **26th July, 2012 to 24th April, 2014**, and has designated as **Sr. Lab Technician** in the organization.

He handled technical responsibilities in departments like Donor Lab, Cross match Lab, Grouping Lab, Component Lab and Transfusion transmiable Infection Lab.

During his above tenure we found him to be regular, honest and technically handled the duties responsibilities.

This is to certify that he holds no liabilities towards the organization.

We wish him all the success in his future endeavor.

Alok Ku Sahu

Dr. Iva Chandola
Senior Medical Officer

Phone 0135-2659175
Tele/Fax 0135-2720094

104

Doon (P.G.) Paramedical College & Hospital

(Affiliated to H.N.B. Garhwal University, Srinagar Garhwal)
(Under the Management of Ch. Charan Singh Memorial Educational Society)

28, CHAKRATA ROAD, (Behind Bindal Petrol Pump) DEHRADUN-248001 (U.K.) INDIA

Ref:DPMC/Dated/MLT/09
Date: 10-02-2014

Transcript

M.Sc. Medical Lab. Technology (Clinical Haematology)

Name: Alok Kumar Sahu
Father's Name: Panchanan Sahu

Enrolment No: G108301
Batch: 2010-2012

First Semester				Roll No. 2228..76	Second Semester		
Subject/ Paper	Theory Total	Practical Total	Total	Subject/ Paper	Theory Total	Practical Total	Total
Clinical Biochemistry	42/60	68/80	110/140	Diagnostic Biochemistry & Organ Function Test	35/60	69/80	104/140
Histopathology & Morbid Anatomy Technique	36/60	69/80	105/140	Histopathology & Morbid Anatomy Technique	33/60	67/80	100/140
Cytology & Cytogenetics	36/60	70/80	106/140	Cytology & Cytogenetics	37/60	73/80	110/140
Diagnostic Microbiology & Immunopathology	35/60	65/80	100/140	Diagnostic Microbiology & Immunopathology	31/60	65/80	96/140
Human Genetics & Human Genome	31/60	71/80	102/140	Human Genetics & Human Genome	31/60	68/80	99/140
Result: Pass	Current Sem. Total: 523/700			Result: Pass	Current Sem. Total: 499/700		

Third Semester				Roll No. 2217201	Fourth Semester
Subject/ Paper	Theory Total	Practical Total	Total	Subject/ Paper	Total
Clinical Hematology-Non Neoplastic	48/100		48/100	Project	90/100
Clinical Hematology-Neoplastic	62/100		62/100	"Project on various diagnosis of sickle cell anemia in various age group"	
Clinical Immunohematology & Advance Hematology Tech.	55/100		55/100		
Viva-Voce based on (Paper-I,II,III)		260/300	260/300		
Clinical Training & Day to Day Assessment		85/100	85/100		
Result: Pass	Current Sem. Total: 510/700			Result: Pass	Current Sem. Total: 302/400
Division: I Grand Total Percentage:- 73.12 %				Grand Total:	1828/2500

Alok Kr Sahu

(Principal)
PRINCIPAL
Doon (P.G.) Paramedical College & Hospital
28, Chakrata Road, DEHRADUN (U.K.)

20/2/14

t No.: G108301

Roll No.: 2217201

1625

हेमवती नन्दन बहुगुणा गढ़वाल विश्वविद्यालय

विज्ञान निष्णात्

श्री/कु0/श्रीमती आलोक कुमार साहु को इस विश्वविद्यालय की चिकित्सा प्रयोगशाला शिल्प में **विज्ञान निष्णात्** की उपाधि एतद्द्वारा सन् २०१२ की परीक्षा में प्रथम श्रेणी में प्रदान की जाती है।

HEMWATI NANDAN BAHUGUNA GARHWAL UNIVERSITY

Master of Science

Mr./Ms./Mrs. Alok Kumar Sahu is hereby conferred the degree of **Master of Science** in Medical Laboratory Tech. of this University in the Examination of 2012 in First division.

Alok Ku Sahu

Hemwati Nandan Bahuguna Garhwal University, Srinagar, Uttarakhand - 246 174
हेमवती नन्दन बहुगुणा गढ़वाल विश्वविद्यालय, श्रीनगर, उत्तराखण्ड - 246 174

दिनांक
Date:

कुलपति
Vice Chancellor

110

THROUGH HUMANITY TO PEACE

ଭାରତୀୟ ରେଡ୍‌କ୍ରସ୍ ସୋସାଇଟି, ଓଡ଼ିଶା ରାଜ୍ୟ ଶାଖା

Indian Red Cross Society
Odisha State Branch

Office Order No: 132 /RC-ESTT/037/2022 Date. 13 /09/2022

Sri Santosh Kumar Nayak S/o Sri Brahmananda Nayak At P.O. Bishnupur P.S.Nimapara Dist. Puri presently residing in Kanika Chock , Tulasipur Cuttack is engaged as Staff Nurse in Red Cross Regional Blood Centre of Indian Red Cross Society, Odisha State Branch for a period of one year on contractual basis with effect from the date of his joining i.e on 12.08.2022 on a consolidated remuneration of Rs 12,500/- (Rupees twelve thousand five hundred)only per month

His joining report is accepted.

The Service is purely temporary and can be terminated at any time without assigning any reason thereof

Honorary Secretary

Memo No -1322 /RC ESTT/037/2022 Date. 13 /09/2022

Copy forwarded to Person concerned Personal file Accounts section IRCS-OSB Office guard file for information and necessary action.

Honorary Secretary 13/9

20/09/22

109

Roll No. : 407M026

Utkal University
ଉତ୍କଳ ବିଶ୍ୱବିଦ୍ୟାଳୟ

062569

DIPLOMA FOR THE DEGREE OF
BACHELOR OF SCIENCE IN NURSING

This is to certify that

SANTOSH KUMAR NAYAK

of MANJARI DEVI COLLEGE OF NURSING, BHUBANESWAR

having passed the

BACHELOR OF SCIENCE IN NURSING

examination of October 2012

in First Class

was this day admitted to the degree.

ସ୍ନାତକ ନର୍ସିଂ ବିଜ୍ଞାନ ଯୋଗ୍ୟତା ପତ୍ର

୨୦୧୨ ମସିହାରେ ଅକ୍ଟୋବର ମାସରେ ଅନୁଷ୍ଠିତ
ସ୍ନାତକ ନର୍ସିଂ ବିଜ୍ଞାନ ପରୀକ୍ଷାରେ ପ୍ରଥମ ଶ୍ରେଣୀରେ ଉତ୍ତୀର୍ଣ୍ଣ
ମଞ୍ଜରୀ ଦେବୀ ନର୍ସିଂ ମହାବିଦ୍ୟାଳୟ, ଭୁବନେଶ୍ୱରର
ସନ୍ତୋଷ କୁମାର ନାୟକଙ୍କୁ
ଅଦ୍ୟ ଏହି ଉପାଧି ପ୍ରଦତ୍ତ ହେଲା ।

Santosh Kumar Nayak

Date : 25th April 2013

Utkal University
Vani Vihar, Bhubaneswar,
Odisha, India.

Vice-Chancellor

20/04/23

ODISHA NURSES & MIDWIVES COUNCIL

SL. No. : B-82/ 2013 [Constituted under the Act, 1938]

Certificate of registration

COUNCIL'S OFFICE
BHUBANESWAR

Odisha Nurses & Midwives Council Bhubaneswar 751001 Odisha

This is to certify that Miss/Mrs./Mr **SANTOSH KUMAR NAYAK** *having taken a course of training at* **MANJARI DEVI COLLEGE OF NURSING, BHUBANESWAR** *(Recognised by Indian Nursing Council) from* **23.08.2007** *to* **07.02.2013** *has passed the examination for B.Sc. Nursing conducted by* **UTKAL UNIVERSITY, BHUBANESWAR** *on* **07.02.2013** *and is admitted to Part "A" of the Register maintained under the provisions of the Odisha Nurses & Midwives Registration Act, 1938 as a registered* **B.Sc NURSING**.

The number assigned to her in the Register is **10994** *Dated the* **26th** *day of* **MARCH 2013.**

REGISTRAR
Odisha Nurses & Midwives Council

Santosh Kumar Nayak

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Sparsh.... The healing Touch

www.sparshhospitals.com

ISO 9001:2015

Ref: SHCC/EXP/HR/ 287 /18-19

Date: 30.11.2018

TO WHOM SOEVER IT MAY CONCERN

This is to certify that Mr. Santosh Kumar Nayak, Emp No-SHCC0012, Incharge (Day Care) was working in Sparsh Hospitals & Critical Care Pvt . Ltd from 09.02.2007 to 30.11.2018.

We wish him good luck and success in his further endeavour.

Regards

For Sparsh Hospitals & critical care pvt ltd.

Santosh Kumar Nayak

30.11.18

Purnendu Patra
Manager-HR

SPARSH HOSPITALS & CRITICAL CARE (P) LTD.
AN ISO 9001 : 2015 CERTIFIED HOSPITAL
A/407, Saheed Nagar, Bhubaneswar-751007 Ph. : +91 674 2540183 / 188 / 189, 6626666 : Fax : +91 674 2545860
Email : info@sparshhospitals.com , CIN : U85110OR2007PTC009323 ; GSTIN : 21AAKCS8540C1ZL
24x7 Toll Free No : 18003456731

20/01/23

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PANDA MEDICAL CENTRE
A unit of Panda Medicals Pvt. Ltd.
Telenga Penth, N.H.-5
Cuttack - 753 051
☎ 0671-2686377

Regd.No.205/2003

Date: 16.04.2006

Experience Certificate

Certified that **Mr. Santosh Kumar Nayak, S/o Sri Brahmananda Nayak,** At/PO: Bishnupur, Via: Nimapara Dist: Puri has been working in Panda Medicals Pvt. Ltd., Cuttack Orissa. A 60 bedded Hospital of total Cancer Care with General Surgery. He was working as a Pharmacist in Ward from 14th January, 2004 to 31st January, 2006.

He is dedicated to his duty and responsibilities in Ward and managing skillfully pre and post surgical cases.

We wish him all success in future.

16/4/06

(Prof. K. S. Panda)
Director, Panda Medical (P) Ltd.

Santosh Kumar Nayak

20/4/06

OFFICE OF THE DIRECTOR, CENTRAL RED CROSS BLOOD CENTRE, CUTTACK.

OFFICE ORDER

Office Order No. BB/17/ 330 *Dated: 12-01-2023*

In response to the letter No.1962 dt.31-12-2022 of the Honorary Secretary, IRCS-OSB, Bhubaneswar Sri Soumya Ranjan Behera, Lab. Technician, Central Red Cross Blood Centre, Cuttack is transferred to IRCS-OSB to enable him to join in the Red Cross Regional Blood Centre, IRCS-OSB, Bhubaneswar.

He is relieved from his duties w.e.f. 17-01-2023AN and directed to report before the Honorary Secretary, IRCS-OSB, Bhubaneswar immediately.

Sri Soumya Ranjan Behera, Lab. Technician is directed to handover complete charges to Sri Ranjit Sahoo, Lab. Technician latest by 17th January, 2023 under intimation to the undersigned. He is directed to submit NDC from different sections of the Blood Centre, Cuttack by 17th January, 2023.

The current service agreement in respect of Sri Soumya Ranajan Behera, LT is annexed herewith for information of his contractual engagement and consolidated remuneration.

It is to mention here that authority may give kind permission that, due to large number of VBD camps organized here, he may be allowed to attend the VBD camps as and when required by Central Red Cross Blood Centre, Cuttack.

Director
Central Red Cross Blood Centre, Cuttack.

Memo No...../BC/ESTT/007/2022 Dated.....
Copy forwarded to Sri Soumya Ranjan Behera, LT / Sri Ranjit Sahoo, LT, CRC Blood Centre, Cuttack for information and necessary action.

Director
Central Red Cross Blood Centre, Cuttack.

Memo No...../ BC/ESTT/007/2022 Dated.....
Copy forwarded to the Accounts Section, Central Red Cross Blood Centre, Cuttack for information and necessary action.

Director
Central Red Cross Blood Centre, Cuttack.

Memo No.857...../ BC/ESTT/007/2022 Dated...12.1.23.....
Copy forwarded to the Honorary Secretary, Indian Red Cross Society, Odisha State Branch, Bhubaneswar for information and necessary action.

20/01/23

Director 12.1.23
Central Red Cross Blood Centre, Cuttack.

CENTRAL RED CROSS BLOOD CENTRE

Blood Bank Compound
Medical Road, Mangalabag, Cuttack 753 007
Tel : 0671 - 2302258 (O), 2305643 Counter
Email : crcbb.ctc@gmail.com

Letter No. :

Date 5-9-22

To whom it may concern

This is to certify that Sri Soumya Ranjan Behera is working as a Blood Centre Laboratory Technician since 01-09-2018 and continuing.

He has adequate knowledge on different components of Blood Centre.

Director
Central Red Cross Blood Centre,
Cuttack

20/01/23

C. No.....062../13

D.M.L.T./D.M.R.T. EXAMINATION BOARD

(GOVT. OF ODISHA)

This is to certify that

Soumyaranjan Behera

of

S.C.B. Medical College

Cuttack who passed the Final Examination for th

Diploma in Medical Laboratory Technology

held in the month of May 2016

was this day admitted to the Diploma.

20/04/23

Secretary

Chairman

Soumya Ranjan Behera

Soumya Ranjan Behera

D.M.L.T./D.M.R.T. EXAMINATION BOARD
(GOVT. OF ORISSA)

STATEMENT OF MARKS (D.M.L.T.)

Name : Soumyaranjan Behera Roll No. 70/LT-2013

College : S.C.B. Medical College, Cuttack

EXAM	PAPER & SUBJECT		Maximum Marks	Marks Secured
FIRST	Paper - I (Anatomy, Physiology, Biochemistry & Pharmacology)	Theory	100	73
	Paper - II (General Principles of laboratory Technique, Computer - General Aspects, S.P.M, Statistics - General Aspects)	Theory	100	62
SECOND	Paper - I (Immuno-Haematology and Blood Banking, Clinical Pathology & Haemoatology)	Theory Oral Practical	100 50 50	68 28 31
	Paper - II (General Bacteriology, Systemic Bacteriology, Clincal Microbiology and Mycology)	Theory Oral Practical	100 50 50	54 33 31
FINAL	Paper - I (Histotechnology, Cytology, Museum Study, Clinical Biochemistry)	Theory Oral Practical	100 50 50	51 38 40
	Paper - II (Immunology and Serology, Parasitology, Virology, Animal Care)	Theory Oral Practical	100 50 50	50 26 26
GRAND TOTAL			1000	611

TOTAL MARKS IN WORDS : Six hundred Eleven only

NO. OF ATTEMPTS TAKEN AT EACH EXAM	FIRST	SECOND	FINAL
	2nd	1st	1st

Verified By :

Date 19 SEP 2016

DMRT EXAMINATION BOARD

Secretary
DMLT / DMRT Examination Board
Orissa

STATE COUNCIL OF DIPLOMA IN MEDICAL LABORATORY TECHNOLOGY
&
MEDICAL RADIATION TECHNOLOGY, ODISHA

Registration No 0977

Date: 05/11/2021

Soumya Ranjan Behera

CERTIFICATE OF REGISTRATION OF RENEWAL REGISTRATIOI

Name	SOUMYARANJAN BEHERA Date of Birth 10/05/1992
Father's Name	SUDARSAN BEHERA
Mother's Name	MINATI BEHERA
Address	AT- BALIA, PO- ANAKHIA, PS- BIRIDI,DIST- JAGATSINGHPUR, PIN 754102
Qualification	DIPLOMA IN MEDICAL LABORATORY TECHNOLOGY
School/College	SCB MEDICAL COLLEGE, CUTTACK
Board/University	STATE D.M.L.T./D.M.R.T. EXAMINATION BOARD
Date of admission in the course	01/02/2014
Date of completion of the course	22/09/2016
Date of declaration of result	22/09/2016

Issue date: 05/11/2021

ODISHA

It is hereby certified that this is a true copy of the above specified Name in the State Council of DMLT & DMRT, Odisha.

Important Instructions:

1. *This Registration Certificate is valid till :* 05/11/2026
2. *Authenticity of this Registration Certificate can be verified from the DMET Website (www.dmetodisha.gov.in) or DMLT/RT website (www.dmltrtcouncil.org)*
3. *Renew your Registration after five years*

(Nirupama Chayani)
Registrar

STATE COUNCIL OF DIPLOMA IN MEDICAL LABROTARY TECHNOLOGY & MEDICAL RADIATION TECHNOLOGY, ODISHA

Certificate of Registration

Registration Number: 0977

Dt- 25-10-2016

Name of the Technician	*Name of Father / Husband & Permanent Address*	*Date of Birth*	*Qualification*	*Institution From Which Passed*	*Year of Passing*
Soumyaranjan Behera	Sudarsan Behera At-Balia Po-Anakhia Dist-Jagatasinghpur	10/05/1992	Two Years Diploma Course in DMLT	S.C.B Medical College, Cuttack	May, 2016

N.B- Renew your Registration after five Years by remitting Rs.300/- (Rupees Three Hundred Only) in shape of B/D to be drawn in favour of DMLT/DMRT Council, DME, Odish

Soumya Ranjan Behera Soumya Ranjan Behera

Registrar 25/10/2016
DMLT/DMRT Council, Odish

046888

UTKAL UNIVERSITY

THREE YEAR DEGREE COURSE EXAMINATION 2013

MARK SHEET

SL. NO. : G20610033

ROLL NO. : 206G10033

REGD. NO. : 43167/10

COLLEGE : ALAKA MOHAVIDYALAYA, ANANTABATA

NAME : SOUMYA RANJAN BEHERA

FIRST UNIVERSITY EXAM.					SECOND UNIVERSITY EXAM.					FINAL UNIVERSITY EXAM.				
SUBJECT	PAPER	FM	PM	MS	SUBJECT	PAPER	FM	PM	MS	SUBJECT	PAPER	FM	PM	MS
ENG		50	15	23	IT		50	15	24	ISC		100	30	41
MILO		50	15	20	ESI		50	15	19					
PASS-A										MIN. ELE.				
PHY	I	75	23	29	PHY	III	75	23	26	BIO		100	30	30
PHY	II	75	23	23	PHY	IV	75	23	24					
PRAC		50	20	37	PRAC		50	20	40					
PASS-B										MAJ. ELE.				
CHE	I	75	23	27	CHE	III	75	23	23	MATH	I	100	30	38
CHE	II	75	23	23	CHE	IV	75	23	27	MATH	II	100	30	30
PRAC		50	20	30	PRAC		50	20	45					
TOTAL		500		212	TOTAL		500		224	TOTAL		400		139
HONS. TOTAL :					PASS TOTAL :					GRAND TOTAL :		575		

RESULTS : GENERAL

PRINCIPAL
ALAKA MAHABIDYALAYA
P.O.-ANAKHIA
JAGATSINGHPUR

PRINCIPAL OF THE COLLEGE

S. K. Das

CONTROLLER OF EXAMINATIONS

Soumya Ranjan Behera

Soumya Ranjan Behera

UTKAL UNIVERSITY

PROVISIONAL CERTIFICATE

SL. NO. A10G062033

This is to certify that SOUMYA RANJAN BEHERA bearing Roll No 206G10033 and Regd. No 43167/10 has passed the Bachelor of SCIENCE (Three Year Degree Course) Exam., 2013 from ALAKA MOHAVIDYALAYA, ANANTABATA in GENERAL

His / Her Subjects were

Compulsory Subjects(s)

ENG MILB IT ES ISC

Elective Subject(s)

MINOR : BIO

MAJOR : MATH

Pass Subject(s)

PASS-A : PHY
PASS-B : CHE

Hons. Subject

UTKAL UNIVERSITY

PRINCIPAL
PRINCIPAL OF THE COLLEGE
ANANTABATA, P.O.- ANAKHIA
JAGATSINGHPUR

CONTROLLER OF EXAMINATIONS

Soumya Ranjan Behera

Soumya Ranjan Behera

EXAMINATION COMPUTER CELL

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Letter No. 1296 RC- 132/2020 Date. 09 .09.2022

From
CTM. Suguna, IAS(R)
Honorary Secretary
IRCS-Odisha State Branch

To
Sri Dabaprasad Barik - Merit I
S/o Hrudananda Barik
at P.O. Indipur
Via Gadasialia P.S.Sadar
Dist.Dhenkanal
Pin-759025

Sub: Offer letter for the Post of Laboratory Technician in Red Cross Regional Blood Centre Bhubaneswar.

Sir,

It is our pleasure to inform you that you have been provisionally selected for the post of Laboratory Technician on contractual basis for the Red Cross Regional Blood Centre in the premises of the Indian Red Cross Society, Odisha State Branch (IRCS-OSB) Bhubaneswar.

We will provide you a consolidated salary of Rs 11,100/- per month for this position. The service and other conditions applicable for the IRCS-OSB employees will also be applicable for you. If you are willing to accept the offer please confirm your willingness and submit the joining letter on or before 15.09.2022 during office hours along with the following documents in original for verification and attested photocopies for record:

20/01/23

123

1. *HSC Certificate as a proof of Date of birth*
2. *All academic qualification certificates*
3. *Experience Certificates*
4. *Medical Physical fitness Certificate from a Registered Medical practitioner working in Govt. Hospital*
5. *Two recent passport size photographs*
6. *Proof of Residence*
7. *Identity proof*

Yours faithfully,

Honorary Secretary

Issued

122

ISS No. 26/1/2018 C.No. 72/14

D.M.L.T./D.M.R.T. EXAMINATION BOARD

(GOVT. OF ODISHA)

This is to certify that

Debaprasad Barik

of

SCB Medical College Cuttack

who passed the Final Examination for the

Diploma in Medical Laboratory Technology

held in the month of April 2017

was this day admitted to the Diploma.

Secretary

Chairman

Dated, the 4/1/2018

Debaprasad Barik

20/01/23

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D.M.L.T./D.M.R.T. EXAMINATION BOARD

(GOVT. OF ODISHA)

STATEMENT OF MARKS

D.M.L.T.

Name : Debaprasad Barik Roll No. 72/LT-2014

College: S.C.B. Medical College, Cuttack

EXAM.	PAPER & SUBJECT		Maximum Marks	Marks Secured
FIRST	Paper-I (Anatomy, Physiology, Biochemistry & Pharmacology)	Theory	100	50
	Paper-II (General Principles of Laboratory Technique, Computer- General Aspects, S.P.M., Statistics - General Aspects)	Theory	100	50
SECOND	Paper-I (Immuno-Haematology and Blood Banking, Clinical Pathology & Haematology)	Theory Oral Practical	100 50 50	50 31 36
	Paper-II (General Bacteriology, Systemic Bacteriology, Clinical Microbiology and Mycology)	Theory Oral Practical	100 50 50	57 28 30
FINAL	Paper-I (Histotecnology, Cytology Museum Study, Clinical Biochemistry	Theory Oral Practical	100 50 50	59 26 35
	Paper-II (Immunology and Serology, Parasitology, Virology, Animal Care)	Theory Oral Practical	100 50 50	60 34 41
		GRAND TOTAL	1000	587

TOTAL MARKS IN WORDS:

NO. OF ATTEMPTS TAKEN AT EACH EXAM.	FIRST	SECOND	FINAL
	1st	1st	1st

Verified by:

Date 4.1.2018

Secretary

Debaprasad Barik

10/01/23

120

Sriram Chandra Bhanja Medical College, Cuttack

Pass & Conduct Certificate

Certified That

Debaprasad Barik

was a student of this College for the session 2014-15
and he/she passed the
Final Diploma in Medical Laboratory Technology
Examination in the month of April 2017, at this Institution.

His/Her Conduct and Character while
he/she was a student of this institution were Satisfactory.

S.C.B. MEDICAL CUTTACK

2/2/2018

Dean & Principal
S.C.B. Medical College, Cuttack

Dean & Principal
S.C.B. Medical College, Cuttack

20/01/17

&

MEDICAL RADIATION TECHNOLOGY, ODISHA

Certificate of Registration

Registration Number: -1257

Dated:- 06-03-2019

Name of the Technician	Name of Father/Husband & Permanent Address	Date of Birth	Qualification	Institute from Which Passed	Year of Passing
Debaprasad Barik	Hrudananda Barik At/Po-Indipur Via-Gadasila Ps-Sadar Dist-Dhenkanal	16/10/1995	Two Years Diploma Course in Medical Laboratory Technology	SCB Medical College, Cuttack	April, 2017

Renew your Registration after five years by remitting Rs.500/-in shape of B.D to be drawn in favour of DMLT/DMRT Council, DMET (O)

Debaprasad Barik

Registrar
DMLT/DMRT Council, Odisha

118

OFFICE OF THE MEDICAL OFFICER
ODISHA BLOOD BANK, CAPITAL HOSPITAL, BHUBANESWAR
License No.594, Ph: 0674-2394985, E-mail: bbbbsrchb@gmail.com

TO WHOM IT MAY CONCERN

This is to certify that **Sri. Debaprasad Barik,** S/o Hrudananda Barik At/Po: Indipur, Ps: Sadar, Dist: Dhenakanal, Pin-759025 is working as a Laboratory Technician in **Odisha Blood Bank, Capital Hospital, Bhubaneswar** from **1st October 2020** to till now.

He gained experience at various sections in blood bank such as Donor Selection, Phlebotomy, Grouping & Cross-matching, Component, Apheresis and Blood Storage. He also participate Voluntary Blood Donation Camps for Indoor and Outdoor.

He is sincere, hardworking and dedicated with all passion for blood banking. He has performed his duties in a satisfactory manner.

We wish him all success for his future endeavors.

18.04.2022
(DR.DEBASISH MISHRA)
Blood Bank Officer
Odisha Blood Bank, Capital Hospital
Bhubaneswar

20/04/23 Debaprasad Barik

117

Roll No 14RC045

District DHENKANAL

Sl. No. A 248144

CERT No. A1-11-119625

BOARD OF SECONDARY EDUCATION, ODISHA

HIGH SCHOOL CERTIFICATE EXAMINATION

(REGULAR/Ex-REGULAR)

Certified that DEBAPRASAD BARIK

Son/daughter of SULOCHANA BARIK (Mother)

and HRUDANANDA BARIK (Father)

born on 16TH OCTOBER 19 NINETY FIVE passed the High School Certificate Examination held in the month of MARCH 2011 from INDIPUR HIGH SCHOOL,INDIPUR

and was placed in the FIRST Division.

SUBJECT AND MARK SECURED

SUBJECT CODE	SUBJECT	FULL MARK	MARK SECURED
FLO	FIRST LANGUAGE	100	51
SLE	SECOND LANGUAGE	100	51
TLS	THIRD LANGUAGE	100	92
MTH	MATHEMATICS	100	65
SCP	SCIENCE : (a) Physical Science	50	26
SCL	(b) Life Science	50	32
SSG	SOCIAL SCIENCE : (a) Geography & Economics	50	26
SSH	(b) History & Civics	50	17
		Total : 600	360

In Figure : (Three Six Zero)

INTERNAL ASSESSMENT : GRADE

Work Experience – B

Art Education – B

Health & Physical Education – B

Date of Publication of Result : 25th JUNE,2011

25th JUNE,2011

Date of Issue

Headmaster/Headmistress

Secretary

School Code : A Pl002

Debaprasad Barik

20/6/23

1116

SERIAL NO. 080853

ROLL NO 345DB057
REGN.NO DB45S11066

CER. SNO: 20131080426

COUNCIL OF HIGHER SECONDARY EDUCATION, ODISHA
BHUBANESWAR

HIGHER SECONDARY EXAMINATION CERTIFICATE

I Certify that DEBAPRASAD BARIK

Son/Daughter of Smt. SULOCHANA BARIK

& Sri HRUDANANDA BARIK

of S N MAHAVIDYALAYA, INDIPUR, DHENKANAL

has passed the Higher Secondary Examination in SCIENCE

held in the month of MARCH 2013 *and is placed in the* SECOND *Division.*

SUBJECTS OF EXAMINATION

COMPULSORY	:	ENGLISH MIL ODIA
ELECTIVES	:	PHYSICS CHEMISTRY MATHS BIOLOGY
ENVIRONMENTAL EDUCATION	:	A
YOGA - A		
BASIC COMPUTER EDUCATION	:	A

DATE
29-MAY-2013

COMPARER

HEAD OF THE INSTITUTION

SECRETARY

Debaprasad Barik

20/8/13

THROUGH HUMANITY TO PEACE

ଭାରତୀୟ ରେଡ଼କ୍ରସ୍ ସୋସାଇଟି, ଓଡ଼ିଶା ରାଜ୍ୟ ଶାଖା

Indian Red Cross Society

Odisha State Branch

Letter No. 1299 RC- 132/2020 Date. 09.09.2022

From :
CTM Suguna, IAS(R)
Honorary Secretary
IRCS Odisha State Branch

To
Bhaktiswarup Mahanta (Merit-4)
S/o Lauhitya Kumar Mahanta
At- Biunria P.O. Manana biunria
P.S.Jashipur
Dist-Mayurbhanj -757091

Sub: Offer letter for the Post of Laboratory Technician in Red Cross Regional Blood Centre Bhubaneswar .

Sir,

*It is our pleasure to inform you that you have been provisionally selected for the post of **Laboratory Technician** on contractual basis for the **Red Cross Regional Blood** Centre in the premises of the Indian Red Cross Society, Odisha State Branch (IRCS-OSB) Bhubaneswar .*

*We will provide you a consolidated salary of Rs 11,100/- per month for this position. The service and other conditions applicable for the IRCS-OSB employees will also be applicable for you. If you are willing to accept the offer please confirm your willingness and submit the joining letter on or before **15.09.2022** during office hours along with the following documents in original for verification and attested photocopies for record:*

20/01/23

Red Cross Bhavan, Unit - IX, Pandit Jawaharlal Nehru Marg, Bhubaneswar - 751022
E-mail : ircsosb@gmail.com

1. *HSC Certificate as a proof of Date of birth*
2. *All academic qualification certificates*
3. *Experience Certificates*
4. *Medical Physical fitness Certificate from a Registered Medical practitioner working in Govt. Hospital*
5. *Two recent passport size photographs*
6. *Proof of Residence*
7. *Identity proof.*

Yours faithfully,

Honorary Secretary

ISS No. [illegible]

C. No. 18102891

D.M.L.T. / D.M.R.T. EXAMINATION BOARD

(GOVT. OF ODISHA)

This is to certify that

BHAKTISWARUP MOHANTA

Of

AHRCC, CUTTACK

Who passed the Final Examination for the Diploma in Medical Laboratory Technology Held in the month of **Aug-21**

Was this day admitted to the Diploma.

Secretary

Chairman

Dated, the 03-12-2021

Bhaktiswarup Mohanta

20/01/23

ACHARYA HARIHAR POST GRADUATE INSTITUTE OF CANCER

ଆଚାର୍ଯ୍ୟ ହରିହର ସ୍ନାତକୋତ୍ତର କର୍କଟ ରୋଗ ଅନୁଷ୍ଠାନ, କଟକ
Cuttack-753007(Odisha)

Certificate of Internship

(DMLT Course)

This is to certify that Mr. / Ms. BHAKTISWARUP MOHANTA (Admission No. AHPGIC/DMLT/2018-19/03) after passing the Final Examination for Diploma in Medical Laboratory Technology (D.M.L.T) of 2021 underwent practical training for 3 months during the period from 08.12.2021 to 08.03.2022 in this Institution.

POSTING IN DIFFERENT SECTIONS

Section	Duration
Hematology	From 08.12.2021 To 22.12.2021
Biochemistry	From 23.12.2021 To 06.01.2022
IHC (Immuno Histo Chemistry)	From 07.01.2022 To 21.01.2022
Histopathology	From 22.01.2022 To 05.02.2022
Cytology	From 06.02.2022 To 20.02.2022
Microbiology	From 21.02.2022 To 08.03.2022

His / her work and conduct during the period of Internship training were satisfactory.

Prof & H.O.D.
Dept. of Onco-Pathology
AHPGIC, Cuttack

Prof. and HOD
Dept. of Pathology
AHPGIC, Cuttack

Date: 10.3.2022

Dean & Principal
AHPGIC, Cuttack

20/01/23

To

1. Bhabishwarup Mohanta
Bikash Naik
Sasmi Pradhan
Sushree Ritika Mohanty
Tapaswinee Sahoo

Sir,

After completion of one month to acquire basic knowledge & Practical training at Central Red Cross Blood Bank, Cuttack for the month of October 2019, you are hereby relieved to join at Acharya Harihar Regional Cancer Centre Cuttack.

Yours faithfully,

Director,
Central Red Cross Blood Bank,
Cuttack

Memo No: ..... dt .....

Copy forwarded to the Prof & HOD Pathology AHRCC Cuttack with reference to your letter No-D/KJS/dt.18.7.19.

Director,
Central Red Cross Blood Bank,
Cuttack

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THROUGH HUMANITY TO PEACE

ଭାରତୀୟ ରେଡ୍‌କ୍ରସ୍ ସୋସାଇଟି, ଓଡ଼ିଶା ରାଜ୍ୟ ଶାଖା

Indian Red Cross Society
Odisha State Branch

Letter No. 1307 RC: 132/2020 Date. 09.09.2022

From
CVM. Suguna, IAS(R)
Honorary Secretary
IRCS Odisha State Branch

To
Sri Gulshan Kumar Dash (Mohan)
Qr.No.IR 31 Rod No-1
Unit-9
Bhubaneswar

Sub: Offer letter for the Post of Counsellor in Red Cross Regional Blood Centre Bhubaneswar

Sir

It is our pleasure to inform you that you have been provisionally selected for the post of Quality Manager on contractual basis for the Red Cross Regional Blood Centre in the premises of the Indian Red Cross Society, Odisha State Branch (IRCS-OSB) Bhubaneswar.

We will provide you a consolidated salary of Rs.17,500 - per month for this position. The service and other conditions applicable for the IRCS-OSB employees will also be applicable for you. If you are willing to accept the offer please confirm your willingness and submit the joining letter on or before 15.09.2022 during office hours along with the following documents in original for verification and attested photocopies for record.

Red Cross Bhavan, Unit - IX, Pandit Jawaharlal Nehru Marg, Bhubaneswar - 751022
Telegram: Redcross, Telefax: (+91-674) 239 2389, Phone: (+91-674) 239 0712, 239 0647, E-mail: ircsosb@gmail.com
Website: www.odisharedcross.org

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1. *[illegible] as proof of Date of birth*
2. *All academic qualification certificates*
3. *Experience certificates*
4. *Medical Physical fitness certificate from a Registered Medical practitioner working in Govt. Hospital*
5. *Two recent passport size photographs*
6. *Proof of Residence*
7. *Identity proof*

Yours faithfully,

Honorary Secretary

20/10/23

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16UUC212 2516/14 12MSW14S15

Utkal University of Culture

ଉତ୍କଳ ସଂସ୍କୃତି ବିଶ୍ୱବିଦ୍ୟାଳୟ

MASTER OF SOCIAL WORK

This is to Certify that

Gulsan Kumar Dash

of Biju Pattanaik College of Hotel Management and Tourism, Bhubaneswar, who passed the Examination for the degree of

Master of Social Work

(Two-Year P.G. Course)

in the year **2016** and was placed in **First Class**, was this day admitted to the degree

UTKAL UNIVERSITY OF CULTURE
SANSKRUTI VIHAR
For Admission

Vice-Chancellor

Gulsan Kumar Dash

28/01/23

Indian Red Cross Society
Odisha State Branch

CENTRAL RED CROSS BLOOD CENTRE

Blood Bank Compound
Medical Road, Mangalabag, Cuttack - 753 007
Tel : 0671 - 2302258 (O), 2305643 Counter
Email : crcbb.ctc@gmail.com

Letter No. : BC/ESTT/001/2022/ 876

Date 18-01-2023

TO WHOM IT MAY CONCERN

This is to certify that **Gulsan Kumar Dash**, S/o. Sri Madan Mohan Dash, At: Qtr. No. 1R/31, Road-1, Unit-9, Bhubaneswar had assisted this Blood Centre as Counsellor for donor counseling, history taking during the period of 01-01-2019 to 12-12-2021.

He is well trained in counseling and record maintenance.

I wish him all success.

18/1/23

Director
Central Red Cross Blood Centre
Cuttack

20/01/23

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Co-ordination Center : Plot No - 128, Narayani VIP Enclave, Flat No 301
VIP Area, IRC Village, Bhubaneswar - 751 015, Orissa, India.
Phone : 0091-674-2556612, Fax : 2553885
e-mail : nysasdri@nysasdri.org, nysasdri@yahoo.com

NYSASDRI
National Youth Service Action and Social Development Research Institute

A Social Development Voluntary Organisation Committed to the Upliftment of Rural Poor.

Experience Certificate

This is to certify that Mr. Gulsan Kumar Dash, S/O-Madan Mohan Dash resident at Blind School Campus, Unit- 3, QR NO- 1R/12, Bhubaneswar was working as an Counsellor of our Family Counselling Centre, NYSASDRI, Dhenkanal Supported by Central Social Welfare Board, New Delhi from January 2017 to 20.05.2017.

During his working period we found that he was doing Counselling, Programme planning Organising community meetings, Documentation & Report Writing as per requirement of the project.

He is sincere, honest and hardworking in his work and the work was satisfactory.

I wish him every success in his life.

Member Secretary
NYSASDRI

Regd. Office : At- Santhasara, P.O.- Santhapur, Via- Gondia, Dist - Dhenkanal - 759 016, Orissa, India, Ph : 0091-6762- 231140
Branch Office : Jajpur, Khurda, Keonjhar, Muniguda, Malkanagiri, Deogarh, Angul, Jagatsinghpur, Kendrapara
Website : www.nysasdri.org

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Gulsan Kumar Dash

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aaina
Plot No. 70/3530, (Ground Floor), Near Hotel Maytair Lagoon, Jaydev Vihar, Bhubaneswar - 751 013, Odisha
Tel: +91-674-2360630, 9238111127, e-mail: info@aaina.org.in, www.aaina.org.in

Ref. NO. AI/EXP/CERT/GD/16175/16

Date: 10.12.16

TO WHOM SO EVER IT MAY CONCERN

This is certify that Mr. Gulsan Kumar Dash, S/O- Madan Mohan Dash, QR NO- 1R/12, Unit- 3, Blind School Campus, Bhubaneswar, has been working with Aaina as Block Coordinator from 4th June 2016 to 4th December 2016 in the Project "Water, Sanitation & Hygiene (WASH)" & "Ensuring Heath & Hygiene of Adolescent Girls & Women" at Bhanjanagar Block, Ganjam, Odisha Supported by Water Aid India.

He was regular and committed in his duty and carried out the assigned tasks sincerely.

We wish him success in all endeavors.

(Mr. P.K. Rath)

Director Devlopment & Administration,

aaina

Bhubaneswar

20/10/23

Gulsan Kumar Dash

RECORD OF COMPONENTS SUPPLIED

Sl. No	Blood Bag Printed No.	Time of Collection	Time of Preparation of Component	Quantity in Ml. (Packed Red Blood Cell)	Quantity in Ml. (Platelet Concentrates)	Quantity in Ml. (GRANULOCYTE CONCENTRATES)	Quantity in Ml. (Fresh Frozen Plasma)	Quantity in Ml. (Cycroprecipitate)	Compatibility Report	Indent Serial No.	Indent Placed by Unit / Institution	Indication of Transfusion	Details of Recipients	Signature of Technical Supervisor	Signature of M.O. I/C

COMPONENT PREPARATION REGISTER:-

Sl.No	Date	Type of Bag Used			Bag No.	Blood Group	Components Prepared				Signature of Technical Supervisor	Signature of M.O. I/C
		QDPL	TRIPLE	DOUBLE			PRBC Quantity in Ml.	FFP Quantity in Ml.	PLATELET Quantity in Ml.	Cryo Quantity in Ml.		

Platelet Conc. Stock Register

Date	Blood Group	Prepared	Total	Condemned	Issued	Balance	Sign. Of Tech. Supervisor
	A						
	B						
	O						
	AB						
	*Spl						
Grand Total							

FFP Stock Register

Date	Blood Group	Prepared	Total	Condemned	Issued	Balance	Sign. Of Tech. Supervisor
	A						
	B						
	O						
	AB						
	*Spl						
Grand Total							

Record of Equipments Calibration

Sl. No	Name of the Equipments	Sl no as per Asset Register	Date of Purchase	Date of installation	Date of Calibration	Next Due date of calibration	Result	Report preserved in file	Signature of service provider	Signature of MO I/C

Cryo Stock Register

Date	Blood Group	Prepared	Total	Condemned	Issued	Balance	Sign. Of Tech. Supervisor
	A						
	B						
	O						
	AB						
	*Spl						
Grand Total							

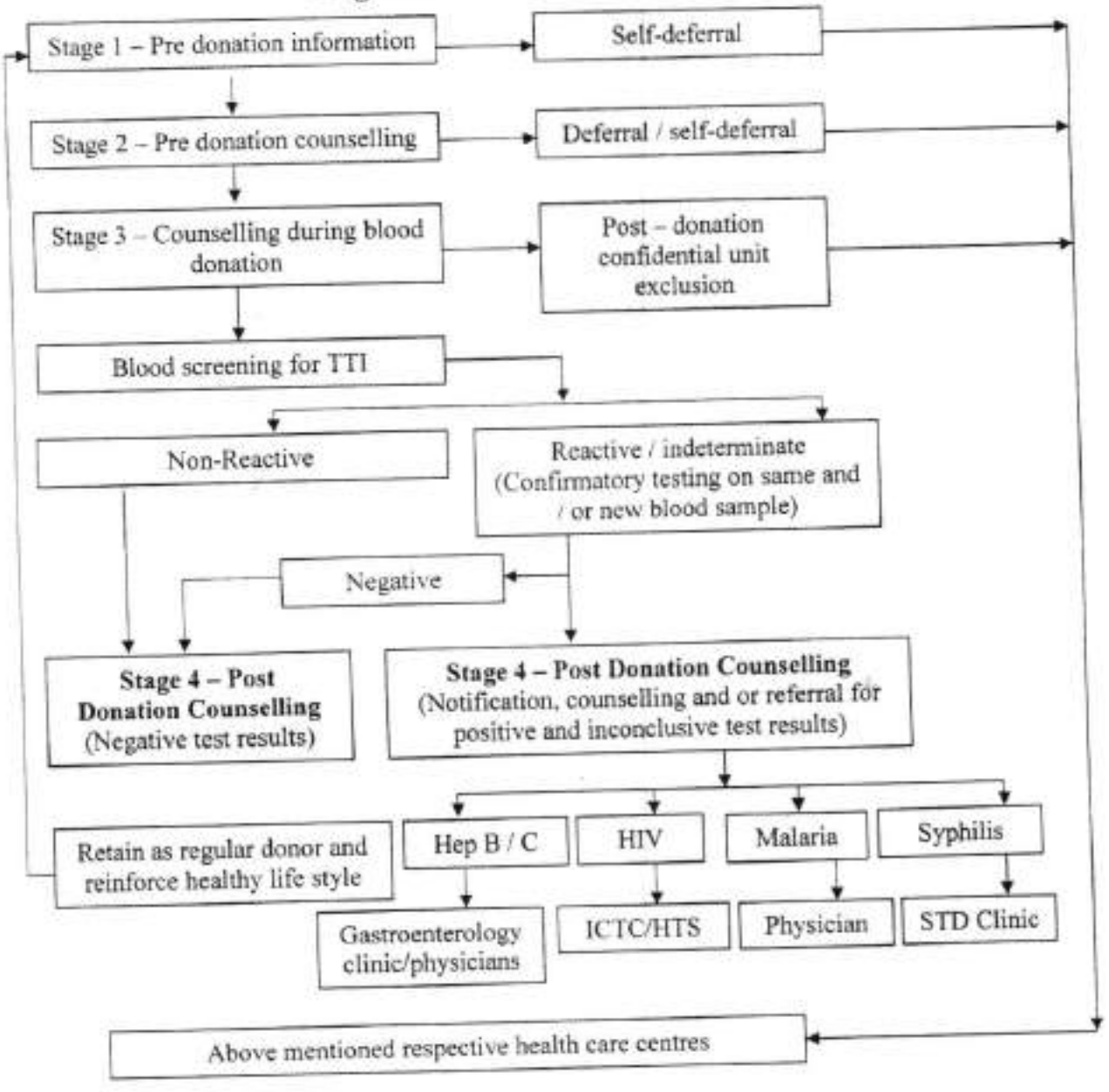
MASTER RECORD FOR BLOOD & ITS COMPONENTS:-

Sl. No.	Blood Bag Printed No.	Date of Collection	Date of Expiry	Quality in Ml.	ABO Group	Rh Factor	Hiv & 2 Antibodies Result	HBV Result	HCV Result	Malaria Result	Syphilis Result	Irregular Antibodies, if any	DU Test	Name & Address of the Donor with particulars	Issue Register Sl. No	Issuing Money Receipt No.	Component Prepared (Y/N)	Prepared by Blood Bags (Double/ Triple/Quadruple)	Time of Collection	Time of Component Preparation	If Discard reason	Signature of LT	Signature of the M.O I/c
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24

Issue Register

Sl. No	Blood Bag Printed No.	Date & Time of Issue	Date of Expiry	ABO Group	Quantity in Ml.	Name & Address of the Recipient	Group of the Recipient	Indent Placed by Unit/ Institute	Cross Match Done by Method	Details of Cross Matching Report	Cross Match Done by	Sl. No of the Cross Matching Record	Signature of LT	Signature of the M.O I/C

Stages of Blood Donor Counselling



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Annex-2

REGIONAL BLOOD CENTRE, IRCS BHUBANESWAR

STANDARD OPERATING PROCEDURE

Number SP0001	Effective Date	Pages 1-4	Authorized By
Date	Review Period 1Year	No of Copies	Approved By

LOCATION Donor Room Function Assessing suitability of donor for blood donation	Subject Criteria for Donor Selection Distribution - Medical Officer in charge of Donor Area - Master File

1. SCOPE & APPLICATION

This SOP describes the criteria for a donor to be accepted for blood donation, for ensuring safety of donor as well as recipient. The purpose of donor selection is to identify any factors that might make an individual unsuitable as a donor, either temporarily or permanently.

2. RESPONSIBILITY

The Medical Officer is responsible for determining the suitability of donor for blood donation. He/She should confirm that the criteria are fulfilled after evaluation of health history questionnaire and medical examination including the results of pre donation screening tests.

3. MATERIAL REQUIRED

- Donor Questionnaire · Donor Card

4. PROCEDURE

CRITERIA FOR SELECTION OF BLOOD DONORS

A. Accept only voluntary/replacement non-remunerated blood donors if following criteria are fulfilled.

The interval between blood donations should be no less than three months. The donor shall be in good health, mentally alert and physically fit and shall not be a jail inmate or a person having multiple sex partners or a drug-addict. The donors shall fulfill the following requirements, namely:

1. The donor shall be in the age group of 18 to 60 years
2. The donor shall not be less than 45 kilograms
3. Temperature and pulse of the donor shall be normal
4. The systolic and diastolic blood pressures are within normal limits without medication
5. Hemoglobin shall not be less than 12.5 g/dL
6. The donor shall be free from acute respiratory diseases
7. The donor shall be free from any skin disease at the site of phlebotomy
8. The donor shall be free from any disease transmissible by blood transfusion, in so far as can be determined by history and examination indicated above
9. The arms and forearms of the donor shall be fee from skin punctures or scars indicative of professional blood donors or addiction of self-injected narcotics

B. Defer the donor for the period mentioned as indicated in the following table:

CONDITIONS	PERIOD OF DEFERMENT
Abortion	6 months
History of blood transfusion	6 months
Surgery	12 months
Typhoid fever	12 months after recovery
History of Malaria duly treated	3 months (endemic), 3 years (non endemic area)
Tattoo	6 months
Breast feeding	12 months after delivery
Immunization (Cholera, Typhoid, Diphtheria, Tetanus, Plague, Gamma globulin)	15 days
Rabies vaccination	1 year after vaccination
Hepatitis in family or close contact	12 months
Hepatitis Immune globulin	12 months

C. Defer the donor permanently if suffering from any of the following diseases:

1. Cancer
2. Heart disease
3. Abnormal bleeding tendencies

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4. Unexplained weight loss

5. Diabetes - controlled on Insulin

6. Hepatitis B infection

7. Chronic nephritis

8. Signs and symptoms, suggestive of AIDS

9. It is important to ask donors if they have been engaged in any risk behavior. Allow sufficient time for discussion in the private cubicle. Try and identify result-seeking donors and refer them to VCTC (Voluntary Counseling and Testing Center). Reassure the donor that strict confidentially is maintained.

10 Liver diseases

11 Tuberculosis

12 Polycythemia Vera

13 Asthma

14 Epilepsy

15 Leprosy

16 Schizophrenia

17 Endocrine disorders

D. Private interview:

A detailed sexual history should be taken. Positive history should be recorded on confidential notebook.

E. Informed consent:

Provide information regarding:

1. Need for blood
2. Need for voluntary donation
3. Regarding transfusion transmissible infections
4. Need for questionnaire and honest answers

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5. Safety of blood donation
6. How the donated blood is processed and used
7. Tests carried out on donated blood

N.B. This gives the donor an opportunity to give his/her consent if they feel they are safe donors

* Request the donors to sign on the donor card indicating that he is donating voluntarily.

5. DOCUMENTATION

Enter all details in the donor questionnaire form/card and computer

REFERRAL SLIP FOR BLOOD DONORS

(To be filled by Blood Bank Staff)

Name and address of the Referring Blood Bank: -

Blood Bank ID No. .....

Date of Referral .....

Name of Donor.....

Age ..... Gender ..... Phone Number ..... Contact details.....

Name and designation of the referring person .....

Reason for referral (to be ticked)		Date of testing	Assay used (III gen/ Any other)
Counselling& testing for HIV	☐		
Testing of HBsAg	☐		
Testing of HCV	☐		
Testing of VDRL/RPR	☐		
Testing of Malaria	☐		

Address of referral centre (ICTC/Clinician).....

(Blood Bank seal with contact details)

(To be filled by ICTC/Laboratory and retained in record)

Name of Donor..... Date of performing test.....

PID No. /OPD Regn. No. .....

Investigation done .....

Results .....

(Seal of ICTC /Laboratory with contact details)

----------x----------x----------x----------x----------x----------

(This part is to be filled by ICTC/Laboratory and returned to donor)

Name of the Donor/Department ..... PID No/ OPD Regn. No. .....

Donor ID No. .....

Date of Sample draw.....

Instructions:

Please come for retesting after 2 weeks on

1. Result to be collected on _____
2. Repeat test at ICTCon _____

(Seal of ICTC /Laboratory with contact details)

CONSENT FOR REFERRAL

I understand that

- during blood donation process I have been counseled regarding the importance of safe blood donation and have consented to testing of my blood and be informed of any abnormal test results.
- I understand that these screening tests conducted at blood bank are not diagnostic and may yield false-positive results.
- I understand that any willful misrepresentation of facts could endanger my health or that of patients receiving my blood and may lead to litigation.
- I understand that I have been contacted, counseled and referred by the blood bank for confirmation and management to appropriate facility.

Signature of Referring Blood Bank Staff

Signature of Donor

Place: ----------

Date : _____

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General Criteria		
S.No.	**Criteria**	**Recommendations**
1.	Well being	The donor shall be in good health, mentally alert and physically fit and shall not be inmates of jail or any other confinement. "Differently abled" or donor with communication and sight difficulties can donate blood provided that clear and confidential communication can be established and he/she fully understands the donation process and gives a valid consent.
2.	Age	Minimum age 18 years Maximum age 65 years First time donor shall not be over 60 years of age, for repeat donor upper limit is 65 years. For aphaeresis donors 18-60 years
3.	Whole Blood Volume Collected and weight of donor	350 ml- 45 kg 450ml– more than 55 kg Apheresis– 50 kg
4.	Donation Interval	For whole blood donation, once in three months (90 days) for males and four months (120 days) for females. For apheresis, at least 48 hours interval after platelet/ plasma – apheresis shall be kept (not more than 2 times a week, limited to 24 in one year) After whole blood donation a plateletpheresis donor shall not be accepted before 28 days. Apheresis platelet donor shall not be accepted for whole blood donation before 28 days from the last platelet donation provided reinfusion of red cell was complete in the last plateletpheresis donation. If the reinfusion of red cells was not complete then the donor shall not be accepted within 90 days. A donor shall not donate any type of donation within 12 months after a bone marrow harvest, within 6 months after a peripheral stem cell harvest.
5.	Blood Pressure	100-140mm Hg systolic 60-90 mm Hg diastolic with or without medications. There shall be no findings suggestive of end organ damage or secondary complication (cardiac, renal, eye or vascular) or history of feeling giddiness, fainting made out during history and examination. Neither the drug nor its dosage should have been altered in the last 28 days.

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6.	Pulse	60- 100 Regular
7.	Temperature	Afebrile;37°C/98.4°F
8.	Respiration	The donor shall be free from acute respiratory disease.
9.	Haemoglobin	>or =12.5g/dL Thalassemia trait may be accepted, provided haemoglobin is acceptable.
10.	Meal	The donor shall not be fasting before the blood donation or observing fast during the period of blood donation and last meal should have been taken at least 4 hours prior to donation. Donor shall not have consumed alcohol and show signs of intoxication before the blood donation. The donor shall not be a person having regular heavy alcohol intake.
11.	Occupation	The donor who works as air crew member, long distance vehicle driver, either above sea level or below sea level or in emergency services or where strenuous work is required, shall not donate blood at least 24 hours prior to their next duty shift. The donor shall not be a night shift workers without adequate sleep.
12.	Risk behaviour	The donor shall be free from any disease transmissible by blood transfusion, as far as can be determined by history and examination. The donor shall not be a person considered "at risk" for HIV, Hepatitis B or C infections (Transgender, Men who have sex with men, Female sex workers, Injecting drug users, persons with multiple sexual partners or any other high risk as determined by the medical officer deciding fitness to donate blood).
13.	Travel and residence	The donor shall not be a person with history of residence or travel in a geographical area which is endemic for diseases that can be transmitted by blood transfusion and for which screening is not mandated or there is no guidance in India.
14.	Donor Skin	The donor shall be free from any skin diseases at the site of phlebotomy. The arms and forearms of the donor shall be free of skin punctures of scars indicative of professional blood donors or addiction of self-injected narcotics.
Physiological Status for Women		
15.	Pregnancy or recently delivered	Defer for 12 Months after delivery
16.	Abortion	Defer for 6 months after abortion
17.	Breast feeding	Defer for total period of lactation
18.	Menstruation	Defer for the period of menstruation

	Non-specific illness	
19.	Minor non-specific symptoms including but not limited to general malaise, pain, headache	Defer until all symptoms subside and donor is afebrile
	Respiratory (Lung)Diseases	
20.	Cold, flu, cough, sore throat or acute sinusitis	Defer until all symptoms subside and donor is afebrile
21.	Chronic sinusitis	Accept unless on antibiotics
22.	Asthmatic attack	Permanently Defer
23.	Asthmatics on steroids	Permanently Defer
	Surgical Procedures	
24.	Major surgery	Defer for 12 months after recovery. (Major surgery being defined as that requiring hospitalisation, anaesthesia (general/spinal) had Blood Transfusion and/or had significant Blood loss)
25.	Minor surgery	Defer for 6 months after recovery
26.	Received Blood Transfusion	Defer for 12 months
27.	Open heart surgery Including By-pass surgery	Permanently defer
28.	Cancer surgery	Permanently defer
29.	Tooth extraction	Defer for 6 months after tooth extraction
30.	Dental surgery under anaesthesia	Defer for 6 months after recovery
	Cardio-Vascular Diseases (Heart Disease)	
31.	Has any active symptom (Chest Pain, Shortness of breath, swelling of feet)	Permanently defer
32.	Myocardial infarction (Heart Attack)	Permanently defer
33.	Cardiac medication (digitalis, nitro-glycerine)	Permanently defer
34.	Hypertensive heart disease	Permanently defer
35.	Coronary artery disease	Permanently defer
36.	Angina pectoris	Permanently defer
37.	Rheumatic heart disease with residual damage	Permanently defer
	Central Nervous System/ Psychiatric Diseases	
38.	Migraine	Accept if not severe and occurs at a frequency of less than once a week
39.	Convulsions and Epilepsy	Permanently defer
40.	Schizophrenia	Permanently defer
41.	Anxiety and mood disorders	Accept person having anxiety and mood (affective) disorders like depression or bipolar disorder, but is stable

		and feeling well on the day regardless of medication-
Endocrine Disorders		
42.	Diabetes	Accept person with Diabetes Mellitus well controlled by diet or oral hypoglycaemic medication, with no history of orthostatic hypotension and no evidence of infection, neuropathy or vascular disease (in particular peripheral ulceration) - Permanently defer person requiring insulin and/or complications of Diabetes with multi organ involvement- Defer if oral hypoglycaemic medication has been altered/dosage adjusted in last 4 weeks
43.	Thyroid disorders	Accept donations from individuals with Benign Thyroid Disorders if euthyroid (Asymptomatic Goitre, History of Viral Thyroiditis, Auto Immune Hypo Thyroidism) Defer if under investigation for Thyroid Disease or thyroid status is not known Permanently defer if: 1) Thyrotoxicosis due to Graves' Disease 2) Hyper/Hypo Thyroid 3) History of malignant thyroid tumours
44.	Other endocrine disorders	Permanently defer
Liver Diseases and Hepatitis infection		
45.	Hepatitis	Known Hepatitis B, C- Permanently defer Unknown Hepatitis- Permanently defer Known hepatitis A or E; Defer for 12 months
46.	Spouse/ partner/ close contact of individual suffering with hepatitis,	Defer for 12 months
47.	At risk for hepatitis by tattoos, acupuncture or body piercing, scarification and any other invasive cosmetic procedure by self or spouse/ partner	Defer for 12 months
48.	Spouse/ partner of individual receiving transfusion of blood/ components	Defer for 12 months
49.	Jaundice	Accept donor with history of jaundice that was attributed to gall stones, Rh disease, mononucleosis or in neonatal period.
50.	Chronic Liver disease/ Liver Failure	Permanently defer
HIV Infection/AIDS		
51.	At risk for HIV infection (Transgender, Men who have Sex with Men, Female Sex Workers,	Permanently defer

	Injecting drug users, persons with multiple sex partners)	
52.	Known HIV positive person or spouse/ partner of PLHA (person living with HIV AIDS)	Permanently defer
53.	Persons having symptoms suggestive of AIDS	Permanently defer person having lymphadenopathy, prolonged and repeated fever, prolonged & repeated diarrhoea irrespective of HIV risk or status
	Sexually Transmitted Infections	
54.	Syphilis (Genital sore, or generalized skin rashes)	Permanently defer
55.	Gonorrhoea	Permanently defer
	Other Infectious diseases	
56.	History of Measles , Mumps, Chickenpox	Defer for 2 weeks following full recovery
57.	Malaria	Defer for 3 months following full recovery.
58.	Typhoid	Defer for 12 Months following full recovery
59.	Dengue/ Chikungunya	In case of history of Dengue/Chikungunya: Defer for 6 Months following full recovery. Following visit to Dengue/Chikungunya endemic area: 4 weeks following return from visit to dengue endemic area if no febrile illness is noted.
60.	Zika Virus/ West Nile Virus	In case of Zika infection: Defer for 4 months following recovery. In case of history of travel to West Nile Virus endemic area or Zika virus outbreak zone: Defer for 4 months.
61.	Tuberculosis	Defer for 2 years following confirmation of cure
62.	Leishmaniasis	Permanently defer
63.	Leprosy	Permanently defer
	Other infections	
64.	Conjunctivitis	Defer for the period of illness and continuation of local medication.
65.	Osteomyelitis	Defer for 2 years following completion of treatment and cure.
	Kidney Disease	
66.	Acute infection of kidney (pyelonephritis)	Defer for 6 months after complete recovery and last dose of medication
67.	Acute infection of bladder (cystitis) / UTI	Defer for 2 weeks after complete recovery and last dose of medication
68.	Chronic infection of kidney/ kidney disease/ renal failure	Permanently defer
	Digestive System	
69.	Diarrhoea	Person having history of diarrhoea in preceding week particularly if associated with fever: Defer for2 weeks after complete recovery and last dose of medication
70.	GI endoscopy	Defer for 12 months.

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71.	Acid Peptic disease	Accept person with acid reflux, mild gastro-oesophageal reflux, mild hiatus hernia, gastro-oesophageal reflux disorder (GERD), hiatus hernia: Permanently defer person with stomach ulcer with symptoms or with recurrent bleeding:
Other diseases/ disorders		
72.	Autoimmune disorders like Systemic lupus erythematosis, scleroderma, dermatomyositis, ankylosing spondylitis or severe rheumatoid arthritis	Permanently defer
73.	Polycythaemia Vera	Permanently defer
74.	Bleeding disorders and unexplained bleeding tendency	Permanently defer
75.	Malignancy	Permanently defer
76.	Severe allergic disorders	Permanently defer
77.	Haemoglobinopathies and red cell enzyme deficiencies with known history of haemolysis	Permanently defer
Vaccination and inoculation		
78.	**Non live vaccines and Toxoid:** Typhoid,Cholera,Papillomavirus, Influenza,Meningococcal, Pertussis, Pneumococcal, Polio injectable, Diphtheria, Tetanus, Plague	Defer for 14 days
79.	**Live attenuated vaccines**: Polio oral,Measles(rubella) Mumps, Yellow fever, Japanese encephalitis, influenza,Typhoid,Cholera,Hepatitis A	Defer for 28 days
80.	Anti-tetanus serum, anti-venom serum, anti-diphtheria serum, and anti-gas gangrene serum	Defer for 28 days
81.	Anti-rabies vaccination following animal bite, Hepatitis B Immunoglobulin, Immunoglobulins	Defer for 1 year
Medications taken by prospective blood donor		
82.	Oral contraceptive	Accept
83.	Analgesics	Accept
84.	Vitamins	Accept
85.	Mild sedative and tranquillizers	Accept
86.	Allopurinol	Accept

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87.	Cholesterol lowering medication	Accept
88.	Salicylates (aspirin), other NSAIDs	Defer for 3 days if blood is to be used for Platelet preparation
89.	Ketoconazole, Antihelminthic drugs including mebendazole,	Defer for 7 days after last dose if donor is well
90.	Antibiotics	Defer for 2 Weeks after last dose if donor is well
91.	Ticlopidine, clopidogrel	Defer for 2 Weeks after last dose
92.	Piroxicam, dipyridamole	Defer for 2 Weeks after last dose
93.	Etretinate, Acitretin or Isotretinoin. (Used for acne)	Defer for 1 month after the last dose
94.	Finasteride used to treat benign prostatatic hyperplasia	Defer for 1 month after the last dose
95.	Radioactive contrast material	8 weeks deferral
96.	Dutasteride used to treat benign prostatatic hyperplasia	Defer for 6 months after the last dose
97.	Any medication of unknown nature	Defer till details are available
98.	Oral anti-diabetic drugs	Accept if there is no alteration in dose within last 4 weeks.
99.	Insulin	Permanently defer
100.	Anti-arrhythmic, Anti-convulsions, Anticoagulant, Anti-thyroid drugs, Cytotoxic drugs, Cardiac Failure Drugs(Digitalis)	Permanently defer
Other conditions requiring Permanent deferral		
101.	Recipients of organ, stem cell and tissue transplants Donors who have had an unexplained delayed faint or delayed faint with injury or two consecutive faints following a blood donation.	Permanently defer

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REGIONAL RED CROSS BLOOD CENTRE, BHUBANESWAR

Licence No. 18

Medical Road, Mangalabag, Cuttack - 753 007
Email : crcbb.ctc@gmail.com

BLOOD DONOR QUESTIONNAIRE & CONSENT FORM

Date of Donation ☐☐ ☐☐ ☐☐☐☐ CONFIDENTIAL *Blood Unit No.*

(✓)Tick wherever applicable

Type of Donation : Voluntary/Replacement/Autologous/Apheresis *Seg No.*

Please answer the following questions correctly. This will help to protect you and the patient who receives your blood.

Name

Male/ Female/ Others Date of Birth Age

Father's / Husband's Name

Occupation Organization

Address for Communication

Telephone No. Mobile No E-mail :

Would you like us to call you on your mobile : ☐ Yes ☐ No

Have you donated blood previously ☐ Yes ☐ No

If yes, how many times ? When last :

Your blood group ? Time of last meal taken :

Did you have any discomfort during / after donation ? ☐ Yes ☐ No

(✓) The appropriate Answer :

1) Do you feel well today ? ☐ Yes ☐ No

2) Have you eaten anything in the last 4 hours ? ☐ Yes ☐ No

3) Did you sleep well last night ? ☐ Yes ☐ No

4) Have you any reason to believe that you may be infected by either Hepatitis, Malaria, HIV/AIDS, and / or Venereal disease ? ☐ Yes ☐ No

5) Have you had Jaundice in the last 1 Year ?

1 Has your blood ever tested positive for hepatitis B or C ? ☐ Yes ☐ No

6) Have you had Tuberculosis or typhoid during the last year ? ☐ Yes ☐ No

7) In the last 6 months, have you had any history of the following

☐ Tattooing ☐ Unexplained weight loss ☐ Chicken Pox

☐ Ear Piercing ☐ Repeated Diarrhoea ☐ Dengue

☐ Dental Extraction ☐ Swollen glands ☐ Malaria

8) Do you suffer from or have suffered from any of the following diseases ?

☐ Heart Disease ☐ Lung Disease ☐ Kidney Disease

☐ Cancer / Malignant Disease ☐ Epilepsy ☐ Diabetes

☐ Allergic Disease ☐ Abnormal bleeding tendency ☐ Fainting spells

☐ Sexually Transmitted Disease

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PTO

9) Have you taken any of these in the past 72 hours or suffered from Dog Bite in 1 year ?

☐ Antibiotics ☐ Aspirin ☐ Alcohol

☐ Steroids ☐ Vaccinations

10) Is there any history of surgery or blood transfusion in the past 6 months ?

☐ Major Surgery ☐ Minor Surgery ☐ Blood Transfusion

11) **For Female Donors**

Are you having menstrual blood loss today

or in the past 5 days or coming 5 days ☐ Yes ☐ No

Are you pregnant ? ☐ Yes ☐ No

Have you had an abortion in the last 3 months ☐ Yes ☐ No

Do you have a child less than one year old ? ☐ Yes ☐ No

12) **Would you like to be informed about any**

Abnormal test result at the address furnished by you ? ☐ Yes ☐ No

Have you read and understood all the informations presented and answered all the questions truthfully, as any incorrect statement or concealment may affect your health or may harm the recipient.

☐ Yes ☐ No

I understand that

a) Blood Donation is a totally voluntary act and no inducement or remuneration has been offered.
b) Donation of blood / components is a medical procedure and that by donating voluntarily. I accept the risks associated with this procedure. I do not wish to proclaim ownership rights on any components and / products developed.
c) My blood will be tested for Hepatitis B, Hepatitis C, Malarial Parasite, HIV / AIDS and Venereal Diseases in addition to any other screening tests required to ensure blood safety.
d) My donated blood, blood and plasma recovered from my donated blood may be sent for plasma fractionation for preparation of plasma derived medicinal products, all of which may be used for larger patient population and not just this blood centre.
e) The information provided by me shall not be disclosed to any unauthorized personnel.
f) I allow to utilize my blood / blood component for treatment, research or any other purpose which this Blood Bank finds fit.

Date_____ Time_____ Donor's Signature _____

For Blood Bank Use Only :

General Physical Examination

Weight _____ kg. Pulse_____ min Hb _____ gm/dl

BP_____ mm. Hg. Temperature _____ ^{0}F

Accept ☐ Defer ☐ Reason of Deferral _____

Signature of Medical Officer.....

Donor Reaction : Vaso Vagal ☐ Convulsion ☐ Any others _____

Duration of observation _____ Found Fit ☐ Referred _____

Treatment Given _____

Signature of Medical Officer.....

BLOOD SAFETY BEGINS WITH A HEALTHY DONOR

ଆଞ୍ଚଳିକ ରେଡ୍‌କ୍ରସ ରକ୍ତକେନ୍ଦ୍ର, ଭୁବନେଶ୍ୱର

ଲାଇସେନ୍ସ ନଂ. : ବ୍ଲଡ୍ ୟୁନିଟ୍ ନଂ. :

ରକ୍ତଦାତାଙ୍କ ପାଇଁ ପ୍ରଶ୍ନାବଳୀ ଓ ସମ୍ମତି ପତ୍ର

ଗୋପନୀୟ

ପ୍ରଯୋଜ୍ୟ ସ୍ଥଳେ (✓) ମାରନ୍ତୁ ।

ଦୟାକରି ନିମ୍ନଲିଖିତ ପ୍ରଶ୍ନାବଳୀର ସଠିକ୍ ଉତ୍ତର ଦିଅନ୍ତୁ । ଏହା ଆପଣଙ୍କର ଏବଂ ରକ୍ତ ଗ୍ରହୀତାଙ୍କର ରକ୍ଷା କବଚ ରୂପେ କାର୍ଯ୍ୟ କରିବ ।

ନାମ : ପୁରୁଷ ମହିଳା

ଜନ୍ମ ତାରିଖ ବୟସ : ପିତାଙ୍କ /ସ୍ୱାମୀଙ୍କ ନାମ

ବୃତ୍ତି : ଅନୁଷ୍ଠାନ :

ଯୋଗାଯୋଗ ଠିକଣା :

ଫୋନ୍ ନଂ : ମୋବାଇଲ୍ ନଂ :

ମୋବାଇଲରେ ଯୋଗାଯୋଗ ନିମନ୍ତେ ଆପଣ ଇଚ୍ଛୁକ କି : ☐ ହଁ ☐ ନାହିଁ

ଫାକ୍ସ ନଂ : ଇମେଲ୍ :

ଆପଣ ପୂର୍ବରୁ ରକ୍ତ ଦାନ କରିଛନ୍ତି କି : ☐ ହଁ ☐ ନାହିଁ

ଯଦି କରିଛନ୍ତି, ଜେତେଥର : ଶେଷଥର କେବେ କରିଥିଲେ :

ଆପଣଙ୍କ ବ୍ଲଡ୍ ଗ୍ରୁପ : ଜେତେବେଳେ ଖାଦ୍ୟ ଖାଇ ଥିଲେ :

ରକ୍ତଦାନ ସମୟରେ କିମ୍ବା ପରେ ଆପଣ ଅଶ୍ୱସ୍ତି ଅନୁଭବ କରିଥିଲେ କି ☐ ହଁ ☐ ନାହିଁ

ଉପଯୁକ୍ତ ଉତ୍ତରରେ(✓) ମାରନ୍ତୁ :

୧) ଆପଣ ଆଜି ସୁସ୍ଥ ଅନୁଭବ କରୁଛନ୍ତି କି ? ☐ ହଁ ☐ ନାହିଁ

୨) ଚାରିଘଣ୍ଟା ମଧ୍ୟରେ ଆପଣ କିଛି ଖାଇଛନ୍ତି କି ? ☐ ହଁ ☐ ନାହିଁ

୩) ଗତ ରାତିରେ ଭଲ ନିଦ ହୋଇଥିଲା କି ? ☐ ହଁ ☐ ନାହିଁ

୪) ଆପଣ ହେପାଟାଇଟିସ୍, ମେଲେରିଆ, ଏଚ୍.ଆଇ.ଭି./ଏଡ୍ସ
କିମ୍ବା ଯୌନ ରୋଗରେ ପୀଡ଼ିତ ବୋଲି ଆଶଙ୍କା କରୁଛନ୍ତି କି ? ☐ ହଁ ☐ ନାହିଁ

୫) ଗତ (୬) ଛଅ ମାସ ମଧ୍ୟରେ ଆପଣ ନିମ୍ନଲିଖିତ ରୋଗରେ ପୀଡ଼ିତ ହୋଇଥିଲେ କି ?

☐ ହଠାତ୍ ଶରୀର ଓଜନ କମିଯିବା ☐ ଖାଉଥାର ଝାଡ଼ା

☐ ଗ୍ରନ୍ଥି ଫୁଲା ☐ ବେଶୀ ଦିନ ପର୍ଯ୍ୟନ୍ତ ଲାଗି ରହିଥା ଜ୍ୱର

୬) ଗତ (୬) ଛଅ ମାସ ମଧ୍ୟରେ ଆପଣ :

☐ ଚିତା ଫୁଟାଇଛନ୍ତି କି ? ☐ କାନ ଫୋଡ଼ାଇଛନ୍ତି କି ? ☐ ଦାନ୍ତ ଓପାଡ଼ିଛନ୍ତି କି ?

୭) ଗତ (୬) ଛଅ ମାସ ମଧ୍ୟରେ ଆପଣ ନିମ୍ନଲିଖିତ ରୋଗରେ ପୀଡ଼ିତ ଥିଲେ କି ?

☐ ହୃଦ ରୋଗ ☐ ଶ୍ୱାସ ରୋଗ ☐ ବୃକକ୍ ରୋଗ

☐ କର୍କଟ ରୋଗ ☐ ଅପସ୍ମର ☐ ମଧୁମେହ

☐ ଯକ୍ଷ୍ମା ☐ ରକ୍ତ କ୍ଷରଣ ☐ ହେପାଟାଇଟିସ୍ 'ଝ' କିମ୍ବା 'ଘ'

☐ ଆଇଚ୍ଛି ☐ ଜାମଚ ୧ ବର୍ଷ ମଧ୍ୟରେ ☐ ଯୌନ ସଂକ୍ରମଣ ରୋଗ

☐ ମେଲେରିଆ (୬ ମାସ) ☐ ଆନ୍ତିଜ ଜ୍ୱର (୬ ମାସ) ☐ ଅଡେଡ ହୋଇଯିବା

କ୍ରମଶଃ

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ନିମ୍ନଲିଖିତ କୌଣସିଟି ଆପଣ ଗତ ୭୨ ଘଣ୍ଟା ମଧ୍ୟରେ ଗ୍ରହଣ କରିଛନ୍ତି କି ?

☐ ଆଣ୍ଟିବାୟୋଟିକ୍ ☐ ଆସ୍ପାରିନ ☐ ମାଦକ ଦ୍ରବ୍ୟ

☐ ଷ୍ଟେରଏଡ୍ ☐ ପ୍ରତିଷେଧକ ଟିକା ☐ କୁକୁର କାମୁଡ଼ା ଇଞ୍ଜେକ୍‌ସନ (ଏକ ବର୍ଷ)

୮) ଗତ (୬) ଛଅ ମାସ ମଧ୍ୟରେ ଆପଣ ଅସ୍ତ୍ରୋପଚାର, ରକ୍ତ ବା ରକ୍ତ ଜାତୀୟ ପଦାର୍ଥ ଗ୍ରହଣ କରିଛନ୍ତି କି ?

☐ ବଡ଼ ଅସ୍ତ୍ରୋପଚାର ☐ ଛୋଟ ଅସ୍ତ୍ରୋପଚାର ☐ ରକ୍ତ ଗ୍ରହଣ

୯) ମହିଳା ରକ୍ତ ଦାତ୍ରୀଙ୍କ ନିମନ୍ତେ :

ଆପଣ ଗର୍ଭବତୀ କି ? ☐ ହଁ ☐ ନାହିଁ

ତିନି ମାସ ମଧ୍ୟରେ ଗର୍ଭପାତ ହୋଇଥିଲା କି : ☐ ହଁ ☐ ନାହିଁ

ଏକ (୧) ବର୍ଷରୁ କମ ବୟସର ପିଲା ଅଛି କି ? ☐ ହଁ ☐ ନାହିଁ

୧୦) **କୌଣସି ଅସ୍ୱାଭାବିକ ପରୀକ୍ଷାର ପରିଣାମ ଆପଣଙ୍କ ଠିକଣାରେ ଆପଣ ଜାଣିବା ନିମନ୍ତେ ଆଗ୍ରହୀ କି ?** ☐ ହଁ ☐ ନାହିଁ

ଉପରୋକ୍ତ ସମସ୍ତ ବିବରଣୀ ପାଠ କରି ହୃଦୟଙ୍ଗମ କରି ସମସ୍ତ ପ୍ରଶ୍ନର ଉତ୍ତର ପ୍ରଦାନ କରିଛନ୍ତି କି ? (କାରଣ ଭୁଲ ତଥ୍ୟ ପ୍ରଦାନ ଓ ପ୍ରକୃତ ତଥ୍ୟ ଗୋପନ, ଆପଣ ଏବଂ ରକ୍ତ ଗ୍ରହୀତାଙ୍କ ସ୍ୱାସ୍ଥ୍ୟରେ ପ୍ରତିକୂଳ ପ୍ରଭାବ ପ୍ରଦାନ କରେ।) ☐ ହଁ ☐ ନାହିଁ

ମୁଁ ହୃଦୟଙ୍ଗମ କରୁଅଛି ଯେ -

(କ) ରକ୍ତଦାନ ଏକ ସ୍ୱେଚ୍ଛାକୃତ କାର୍ଯ୍ୟ ଏବଂ ଏଥିପାଇଁ କୌଣସି ପ୍ରକାର ପ୍ରଲୋଭନ କିମ୍ବା ପାରିଶ୍ରମିକ ପ୍ରଦାନ କରାଯାଇନାହିଁ ।

(ଖ) ରକ୍ତ/ରକ୍ତ ଜାତୀୟ ପଦାର୍ଥ ଦାନ ଏକ ଚିକିତ୍ସା ସମ୍ବନ୍ଧୀୟ ପ୍ରକ୍ରିୟା, ସ୍ୱେଚ୍ଛାକୃତ ରକ୍ତଦାନ ସମୟରେ ତତ୍ ଜନିତ ସମସ୍ତ ପ୍ରକାର କ୍ଷୟକ୍ଷତି ସହ୍ୟ କରିବାକୁ ମୁଁ ସମ୍ମତି ପ୍ରଦାନ କରୁଛି ।

(ଗ) ସୁରକ୍ଷା ଦୃଷ୍ଟିକୋଣରୁ ସୁନିଶ୍ଚିତ ହେବା ନିମନ୍ତେ ମୋର ରକ୍ତ ହେପାଟାଇଟିସ୍-ଖ, ହେପାଟାଇଟି୍ -ଗ, ମେଲେରିଆ, ଏଚ୍.ଆଇ.ଭି/ ଏଡ୍‌ସ୍, ଯୌନ ରୋଗ ଏବଂ ଅନ୍ୟ ଯେକୌଣସି ପ୍ରକାର ପରୀକ୍ଷା ନିମନ୍ତେ ବ୍ୟବହାର କରାଯିବ ।

ମୋର ବିନା ଅନୁମତିରେ ମୋ ଦ୍ୱାରା ପ୍ରଦତ୍ତ କୌଣସି ବିବରଣୀ ଏବଂ ମୁଁ ଯେ ସ୍ୱେଚ୍ଛାକୃତ ରକ୍ତଦାନ କରିଛି । ଏହା କୌଣସି ବ୍ୟକ୍ତି ବିଶେଷ ତଥା ସରକାରୀ ଅନୁଷ୍ଠାନ ନିକଟରେ ପ୍ରକାଶ କରାଯାଇ ପାରିବ ନାହିଁ ।

ତାରିଖ : ..... ସମୟ ..... ଦାତାଙ୍କ ସ୍ୱାକ୍ଷର .....

ସାଧାରଣ ଶାରୀରିକ ପରୀକ୍ଷା :

ଓଜନ ..... ନାଡ଼ି ..... Hb .....

ରକ୍ତଚାପ ..... ଉତ୍ତାପ .....

☐ ଗ୍ରହଣୀୟ ☐ ଗ୍ରହଣୀୟ ନୁହେଁ କାରଣ .....

ଚିକିତ୍ସକଙ୍କ ସ୍ୱାକ୍ଷର .....

ନିରାପଦ ରକ୍ତ ସୁସ୍ଥ ରକ୍ତଦାତାଙ୍କଠାରୁ ହିଁ ମିଳିଥାଏ ।

Record of Blood Bags

Sl. No	Source of receipt of the Blood Bags	ACD Blood Bags (.....ml)	CPD Blood Bags (.....ml)	CPD-A Blood Bags (.....ml)	SAGM Blood Bags	ADSOL Blood Bags	Details of the Manufactures	Batch/ Lot No. of the Blood Bags	Date of Expiry	Result of Testing	Quality Received	Quality Utilised	Balance quantity of Blood Bags	Signature of the M.O. I/C

RECORDS OF DIAGNOSTICS KITS

Sl. No	Source of receipt of kits	Details of the manufactures	Batch / Lot No. of the Diagnostic Kits	Date of Supply	Date of Manufacturing	Date of Expiry	Result of Testing	Quality Received	Quality Utilised	balance stock in hand	Signature of L.T	Signature of the M.O I/C

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Annex - 4

RECORDS OF TRANSFUSION ADVERSE REACTION

Sl.No	Blood Bag Printed No.	Name & Address of the Recipient	Replacement / Voluntary	Type of Adverse Reaction	Adverse Reaction Reported by	Unit / Institution	Action Taken	Signature of L.T	Signature of the M.O. I/C

BLOOD GROUP Register (COLLECTED BLOOD):-

Sl.No.	Blood Bag No.	ABO Group	Rh Factor	Du Test	Signature of L.T	Signature of the M.O. I/C

Cross Matching Register

Sl.No	Blood Bag Printed No.	Replacement / Voluntary	Date & Time of Cross Matching	Cross Match done by the Method	Result of the Cross Match	Signature of LT	Signature of the M.O I/C.

DONOR SERUM GROUPING REGISTER:-

Cells	Donor 1	Donor 2	Donor 3	D/O Preparation
A Cells				
B Cells				
O Cells				

Sl.No	Donor No.	A Cells	B Cells	O Cells	ABO Group	Antibody	Remarks

BLOOD SCREENING FOR MANDATORY TESTS REGISTER:-

Sl.No	Bag no.	Results of					Signature of LT	Signature of MO I/C
		HIV test	HBV test	VDRL test	M.P test	HCV Test		

DISCARD REGISTER

Sl.No.	Blood Bag Printed No	Date of Collection	Reason For Discard	Procedure of Discard	Signature of LT	Signature of MO I/C

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DISCARD REGISTER

Sl.No.	Blood Bag Printed No	Date of Collection	Reason For Discard	Procedure of Discard	Signature of LT	Signature of MO I/C

Record of Equipments Calibration

Sl. No	Name of the Equipments	Sl no as per Asset Register	Date of Purchase	Date of installation	Date of Calibration	Next Due date of calibration	Result	Report preserved in file	Signature of service provider	Signature of MO I/C

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BLOOD DONOR RECORD

Sl. No	Blood Bag Printed No.	Contract No.	Replacement / Voluntary	Medical Examination	Age	Weight	M/F	% of Hemoglobin	Blood Pressure	Date & Time of Collection	Blood Group	If deferral clause	If, Replace Patient Details	Indent Placed by	Reason of Transfussion	Signature of the Donor	Signature of the M.O, I/C

DONOR REACTION REGISTER:-

Date	Name of the Donor	Age	Sex	Type of Reaction	Care Provide by Doctor	Sign of MO I/C

Donor Deferral Register

Sl No	Date	Patient Name	Sex	Address	Contact No	Blood Group	Reason For Deferral	Sign of MO I/C

Description - Packed Red Cells I.P.

[Prepared from 350 ml/450 ml whole blood with 49ml/63 ml CPD-A collected from single (human) directed voluntary donor] ADSOL preservative added (Transfuse within 35 days) Suspended in Saline. (Transfuse within 24 hours)

REGIONAL RED CROSS BLOOD CENTRE, BHUBANESWAR

Licence No. -

COMPATIBLE WITH :

Patient Name : _____

Hospital /N.H. : _____

Ward : _____

Bed No. : _____

Regd. No. : _____

Date & Time of Issue : _____

Blood Group : **A**

Rh. : POSITIVE / NEGATIVE

Unit No.	Collection Date	Expiry Date

Non reactive for HBsAg, HCV, VDRL, MP & HIV 1&2. No atypical antibodies decected.

Signature

INSTRUCTION : (1) Keep the unit at 2°C to 6°C. (2) Do not transfuse if visible sign of deterioration like haemolysis/clotting / discolouration observed. (3) Check details of label and blood group of donor and recipient before use. (4) Do not add any medicine to the content. (5) Transfuse within 24 hours since suspended in Saline/ within 35 days since ADSOL preservatives added. (6) Administer through disposable sterile B.T. set.

LABEL STICKER OF WHOLE HUMAN BLOOD - A (POSITIVE/ NEGETIVE)

Description - Packed Red Cells I.P.

[Prepared from 350 ml/450 ml whole blood with 49ml/63 ml CPD-A collected from single (human) directed voluntary donor] ADSOL preservative added (Transfuse within 35 days) Suspended in Saline. (Transfuse within 24 hours)

REGIONAL RED CROSS BLOOD CENTRE, BHUBANESWAR

Licence No. -

COMPATIBLE WITH :

Patient Name : _____

Hospital /N.H. : _____

Ward : _____

Bed No. : _____

Regd. No. : _____

Date & Time of Issue : _____

Blood Group : **B**

Rh. : POSITIVE / NEGATIVE

Unit No.	Collection Date	Expiry Date

Non reactive for HBsAg, HCV, VDRL, MP & HIV 1&2. No atypical antibodies decected.

Signature

INSTRUCTION : (1) Keep the unit at 2°C to 6°C. (2) Do not transfuse if visible sign of deterioration like haemolysis/clotting / discolouration observed. (3) Check details of label and blood group of donor and recipient before use. (4) Do not add any medicine to the content. (5) Transfuse within 24 hours since suspended in Saline/ within 35 days since ADSOL preservatives added. (6) Administer through disposable sterile B.T. set.

LABEL STICKER OF WHOLE HUMAN BLOOD - B (POSITIVE/ NEGETIVE)

Description - Packed Red Cells I.P.

[Prepared from 350 ml/450 ml whole blood with 49ml/63 ml CPD-A collected from single (human) directed voluntary donor] ADSOL preservative added (Transfuse within 35 days) Suspended in Saline. (Transfuse within 24 hours)

REGIONAL RED CROSS BLOOD CENTRE, BHUBANESWAR

Licence No. -

COMPATIBLE WITH :

Patient Name : _____

Hospital /N.H. : _____

Ward : _____

Bed No. : _____

Regd. No. : _____

Date & Time of Issue : _____

Blood Group : **O**

Rh. : POSITIVE / NEGATIVE

Unit No.	Collection Date	Expiry Date

Non reactive for HBsAg, HCV, VDRL, MP & HIV 1&2. No atypical antibodies decected.

Signature

INSTRUCTION : (1) Keep the unit at 2°C to 6°C. (2) Do not transfuse if visible sign of deterioration like haemolysis/clotting / discolouration observed. (3) Check details of label and blood group of donor and recipient before use. (4) Do not add any medicine to the content. (5) Transfuse within 24 hours since suspended in Saline/ within 35 days since ADSOL preservatives added. (6) Administer through disposable sterile B.T. set.

LABEL STICKER OF WHOLE HUMAN BLOOD - O (POSITIVE/ NEGETIVE)

Description - Packed Red Cells I.P.

[Prepared from 350 ml/450 ml whole blood with 49ml/63 ml CPD-A collected from single (human) directed voluntary donor] ADSOL preservative added (Transfuse within 35 days) Suspended in Saline. (Transfuse within 24 hours)

REGIONAL RED CROSS BLOOD CENTRE, BHUBANESWAR

Licence No. -

COMPATIBLE WITH :

Patient Name : _____

Hospital /N.H. : _____

Ward : _____

Bed No. : _____

Regd. No. : _____

Date & Time of Issue : _____

Blood Group : **AB**

Rh. : POSITIVE / NEGATIVE

Unit No.	Collection Date	Expiry Date

Non reactive for HBsAg, HCV, VDRL, MP & HIV 1&2. No atypical antibodies decected.

Signature

INSTRUCTION : (1) Keep the unit at 2°C to 6°C. (2) Do not transfuse if visible sign of deterioration like haemolysis/clotting / discolouration observed. (3) Check details of label and blood group of donor and recipient before use. (4) Do not add any medicine to the content. (5) Transfuse within 24 hours since suspended in Saline/ within 35 days since ADSOL preservatives added. (6) Administer through disposable sterile B.T. set.

LABEL STICKER OF WHOLE HUMAN BLOOD - AB (POSITIVE/ NEGETIVE)

20/01/23

[*laboratory name*]

Equipment Maintenance Logsheet

Name of the piece of equipment:	
Label:	
Serial number:	
Manufacturer:	
Manufacturer's contact person +	
Date of purchase:	
Date put into service:	
Person responsible for equipment:	
Initials of person authorized to use	
Location of equipment:	
Physical condition:	
Service provider (for maintenance	
Service provider contact person +	
Frequency of maintenance:	

Date:	Description of maintenance:	Maintenance performed by:	Date of validation before put into service:	Validation performed by:	Next maintenance planned on (date):	Remarks:

REGIONAL BLOOD CENTRE, IRCS BHUBANESWAR

STANDARD OPERATING PROCEDURE

Number SP0029	Effective Date	Pages 1-5	Authorized By
Date	Review Period 1Year	No of Copies	Approved By

LOCATION Quality Assurance Laboratory	Subject Equipment Manitenance
Function Calibration	Distribution - Quality Assurance Manager - Master File

1. SCOPE & APPLICATION

This procedure covers those measures taken to ensure the integrity, accuracy and reliability of measurement data for equipment and instruments used in the collection, testing and storage of blood products. The procedure is applicable to all equipment used to control or evaluate suitability of starting materials, in process products and finished products.

2. RESPONSIBILITY

It is the responsibility of the supervisor of the section to which the equipment belongs to:

(i) Plan, schedule, organise and maintain records of the calibration programmes for various equipment under their control.

(ii) Ensure that equipment and instruments are continuously calibrated or are removed from use.

(iii) The Supervisor should train staff for performing calibration/performance checks.

3. DEFINITIONS

Calibration:

A set of operations which establish under special conditions the relationship between values indicated by measuring instruments and standards.

Annex-7

Performance checks:

The routine checking of the performance of an instrument to verify that it has

remained within specified range of accuracy and precision.

Accuracy:

The closeness of agreement between the result of a measure and the true value of measurement. Calibration is used to determine the accuracy of an instrument.

Precision(Repeatability):

The closeness of agreement between the results of successive measurement of a defined procedure several times under prescribed conditions.

Measurement standard:

A measuring instrument or material which physically defines a unit of measurement or value of a quantity. Measurement standards used for calibration should be traceable to the SI units of standard measurements.

4. PROCEDURES

4.1 Calibration Schedules:

- Purchase each new piece of equipment or instrument according to specifications.
- Place new equipment on an Asset register prior to use.
- Ask the supplier prior to delivery or after installation to calibrate new equipment and provide a certificate of calibration.
- Maintain Calibration / Maintenance schedules for all equipment.

The schedules of calibration or performance checks should be based on:

- Manufacturers recommendations.
- The history of the item as per reliability.
- Reference standards.
- Recalibrate the measuring devices based on time intervals.

4.2 Reference standards, Traceability and Calibration Limits:

4.2.1 Reference Standards and Trace ability:

20/01/23

All measurement standards used to calibrate measuring devices should be traceable to a national standard of measurement either:

(a) Directly through purchase of pre-calibrated certified standards. These shall be supported by calibration documents or certificate from the supplier stating the date, accuracy (assigned value and units of measure), trace ability and conditions under which the results were obtained. These standards shall be re-calibrated at pre-determined intervals.

(b) Indirectly by preparation of an internal working standard calibrated against a certified standard. These shall be supported by internal test reports and any other supporting documentation.

(c) Where no recognised external standard exists an internal standard may be prepared and calibrated provided a written procedure is prepared and a rationale for assigning values, accuracy and units is established. These standards shall be supported by suitable records of calibration as above.

4.2.2 Calibration Limits:

Calibration is concerned with the measurement of values and their comparison with acceptable limits of standards resulting in adjustment or correction, if necessary.

Compare calibration results with established limits for accuracy for the measuring device. If the device being calibrated does not fall within the limits then re-adjust and re-calibrate until it falls within pre-established limits. If not, remove from use.

The establishment of limits should be based on a combination of:

- Those specified at the time of purchase.
- Recommendations from the manufacturer.
- Limits established in reference standards.

The acceptable limits required for satisfactory calibration of each instrument should be identified or referenced in the relevant procedure.

4.3 Calibration and Performance Check Procedures:

Prepare documented procedures based on the instrument manufacturer's written instructions and use for the calibration and performance checks for all measuring instruments and measurement standards.

Calibration procedure should include:

A list of equipment to which the procedure is applicable.

Calibration points, environmental requirements and special conditions.

- Limits for accuracy.
- List and identity of traceable standards.
- Sequence of calibration steps.
- Instructions for recording data with reference to the relevant Standard Form.

Performance check procedures should follow a similar format.

4.4 Labelling:

Label all calibrated equipment with a label that has the following information:

- Date of last calibration.
- Signature of person who performed the calibration.
- Date next calibration due.

Label the equipment that has passed its calibration due date until it is re-calibrated.

5. DOCUMENTATION

Maintain complete records for the calibration and performance checks of all equipment and instruments.

Calibration and Performance Check test records should include (where appropriate):

- Asset Register Number.
- Instrument Serial Number.
- Limits for calibration(refer 4.4.2).
- Date of calibration / performance check.
- Due date for next calibration.
- Any details of adjustment* or repair.
- Results of the calibration*/performance check.
- Statement of compliance, or details of non-compliance and action taken.
- Signature/initials of the person performing the calibration/performance check.

* it is important that the results of calibration before and after any adjustment are recorded.

Maintain calibration and performance check records for five years.

6. CORRECTIVE ACTION

Conduct a review if any measuring device is found to be out of calibration and requires adjustment. Take corrective action where appropriate.

If the item can be adjusted back into calibration, it may continue to be used. If the item cannot be adjusted back into calibration, it must not be used until the situation is corrected. Under these circumstances attach an identifying label stating that the item is under repair and is not to be used.

The Supervisor must assess the likely impact of the inaccuracy of the affected measurement on the quality of current product and product produced since the previous satisfactory calibration. Factors influencing the degree of risk include:

(a) Critical nature of the measurement.

(b) Sensitivity of quality control testing to the consequences of the inaccuracy.

(c) History of production records and performance checks.

Additional quality control testing may be instituted to determine whether quality has been compromised. Where it is likely that quality has been compromised this shall be communicated to senior management and document reports.

7. RELOCATION OF INSTRUMENTS

Recalibrate the equipment (especially non-portable) when relocated. The manufacturer's recommendations on the need for re-calibration shall be sought when relocating non-portable instruments.

8. EXTERNAL CALIBRATION CONTRACTORS

Make an agreement with the contractors to supply written reports of calibrations which should include:

- Use of standards and references traceable to national standards.
- Certification/licensing by the equipment manufacturer, if available.
- Check all certificates or reports supplied by approved external laboratories on receipt. Certificates and reports should contain the same information as required in 4.0 above.

THROUGH HUMANITY TO PEACE

ଭାରତୀୟ ରେଡ୍‌କ୍ରସ୍ ସୋସାଇଟି, ଓଡ଼ିଶା ରାଜ୍ୟ ଶାଖା

Indian Red Cross Society
Odisha State Branch

Letter No. 75 RC-ESTT/132/2020 Date. 16 .01.2023

From
Sri Bibhuti Bhusan Pattnaik
Honorary Secretary
IRCS- Odisha State Branch, Bhubaneswar

To
The Director
Capital Hospital
Bhubaneswar

Sub: Consent for sterility testing of empty Blood Bag at Micro Biology Lab.
Ref : NBTC/SBTC Guideline

Respected Sir,

As per NBTC/SBTC Guideline, it is mandatory to taste the empty Blood Bag at Micro Biology Lab at regular interval.

For your kind information, I may state that.Indian Red Cross Society, Odisha State Branch is in the process of establishing a Blood Centre at the Red Cross Bhavan, Bhubaneswar Campus. Staffs have been recruited and are under training in Central Red Cross Blood centre, Cuttack. All essential equipments and instruments have been procured and installed. First inspection by Drugs Controller of India has been made and we are in the process of getting the License for operationalisation of blood centre.

In this connection, as per the mandatory requirement of SBTC/NBTC, the empty Blood Bags needs to be tested in Micro Biology Department while procured from the market.

Hence, we request you to kindly give us the consent for testing the empty Blood Bags (One to Two Blood Bag or lot) in your Micro Biology Lab.

Expecting your kind co-operation and give us a consent letter.

Yours faithfully

16/01/23

Honorary Secretary

Red Cross Bhavan, Unit - IX, Pandit Jawaharlal Nehru Marg, Bhubaneswar - 751022
Telegram : Redcross, Telefax : (+91-674) 239 2389, Phone : (+91-674) 239 0712, 239 0647, E-mail : ircsosb@gmail.com
Website : www.odisharedcross.org

20/01/23

Annex-B

TERUMO BLOOD AND CELL TECHNOLOGIES

Unlocking Potential

Performance Qualification Report

Name of the customer : Blood Centre, Indian Red Cross Society, Bhubaneswar	Instrument Type: Blood Bank Refrigerator
Model Number: BR -360	Serial Number: 2022070333
	Date of installation: 08/09/2022

Performance :heck:

Line Voltage & Earthing	Checked	Found OK
Visible indications	Checked	Found OK
Audible indications	Checked	Found OK
Compressor function	Checked	Found OK
Internal/External fan	Checked	Found OK
Door Signal	Checked	Found OK
Chart change, Reset & Alarm. Ack. Buttons	Checked	Found OK

Result:

The performance verification of Blood Bank Refrigerator has been completed satisfactorily and instrument is ready to be placed in service.

Performance check Performed by : Subha Mondal	Checked by :
Signature :	Signature :
Date :	Date :

Annexuve-
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OPERATIONAL QUALIFICATION

Instrument Type : BLOOD BANK REFRIGERATOR	**Manufacturer Name :** TERUMO PENPOL PRIVATE Limited
Model Name : BR -360	**Supplier Name :** Health Ray Enterprise
Installed on : 08/09/2022	**Service Engineer: Subha Mondal**

Operational Verification report

Name of the customer : **Blood Centre, Indian Red Cross Society, Bhubaneswar**	**Instrument Type:** **Blood Bank Refrigerator**
Model Number: BR - 360	**Serial Number: 2022070333**
Date of receipt:	**Date of installation: 08/09/2022**

Operational check:

Operating of M C B	Checked	M C B is working ok
Proper Earthing & line voltage	Checked	Found ok
POWER, COMPRESSOR ON, COMPRESSOR OFF, TEMP. LOW, TEMP. HIGH, DOOR OPEN, BAT. LOW, SYSTEN LOW LED's indication	Checked	Checked visible. Found ok
Compressor function	Checked	Working silently, no any abnormal sound.
Internal /External fan function	checked	Both fans are working ok.
Buzzer/Alarm during Low & High Temperature	Checked	Found OK
TROU function	Checked	Found ok
Door open signal	Checked	Checked audible & visible, Found ok
Battery Back up	Checked	Turning on while power failure automatically
Battery fault or low signal	Checked	Checked .Turning ON -When Battery may be faulty or dry.

Result:

Operational verification of Blood Bank Refrigerator has been completed satisfactorily and it is read / for the performance verification.

Operations performed by: Subha Mondal	Checked by :
Signature :	Signature :
Date :	Date :

Installation Qualification Report

Name of the customer : **Blood Centre, Indian Red Cross Society, Bhubaneswar**	**Instrument Type:** **Blood Bank Refrigerator**
Model Number: BR -360	**Serial Number: 2022070333**
	Date of installation: 08/09/2022

Power check:

Power supply	AC 228V-50 Hz
Plug top	5 Amps
Earth voltage	2.3 Volt

Environmental check:

Parameter	Working range	Site conditions
Room temperature	5-40°C	24°C
Humidity	10-90%	65%

Physical check of the equipment:

Check for damage	Checked	No damage found
Visual & functional inspection	Checked	OK
No damage on internal assembly	Checked	No damage found

System configuration check:

Positioning of the equipment-flat stable surface	Checked	Found OK
Adequate space around the Refrigerator	Checked	Found OK
Interference to other equipments	Checked	No interference

Result:

Installed the Blood Bank Refrigerator satisfactorily and is ready for operational verification

Installed by: Subha Mandal	Checked by :
Signature :	Signature :
Date :	Date :

TERUMO BLOOD AND CELL TECHNOLOGIES

Unlocking Potential

Performance Qualification Report

Name of the customer : Blood Centre, Indian Red Cross Society, Bhubaneswar	Instrument Type: Blood Bank Refrigerator
Model Number: BR -360	Serial Number: 2022070335
	Date of installation: 08/09/2022

Performance Check:

Line Voltage & Earthing	Checked	Found OK
Visible indications	Checked	Found OK
Audible indications	Checked	Found OK
Compresser function	Checked	Found OK
Internal/External fan	Checked	Found OK
Door Signal	Checked	Found OK
Chart change, Reset & Alarm. Ack. Buttons	Checked	Found OK

Result:

The performance verification of Blood Bank Refrigerator has been completed satisfactorily and instrument is ready to be placed in service.

Performance check Performed by : Subha Mondal	Checked by :
Signature :	Signature :
Date :	Date :

TERUMO BLOOD AND CELL TECHNOLOGIES

Unlocking Potential

OPERATIONAL QUALIFICATION

Instrument Type : BLOOD BANK REFRIGERATOR	**Manufacturer Name :** TERUMO PENPOL PRIVATE Limited
Model Name : BR -360	**Supplier Name :** Health Ray Enterprise
Installed on : 08/09/2022	**Service Engineer: Subha Mondal**

Operational Verification report

Name of the customer : Blood Centre, Indian Red Cross Society, Bhubaneswar	**Instrument Type:** Blood Bank Refrigerator
Model Number: BR - 360	**Serial Number: 2022070335**
Date of receipt:	**Date of installation: 08/09/2022**

Operational check:

Operating of M C B	Checked	M C B is working ok
Power Earthing & line voltage	Checked	Found ok
POWER, COMPRESSOR ON, COMPRESSOR OFF, TEMP. LOW, TEMP. HIGH, DOOR OPEN, BAT. LOW, SYSTEM LOW LED's indication	Checked	Checked visible. Found ok
Compressor function	Checked	Working silently, no any abnormal sound.
Internal /External fan function	checked	Both fans are working ok.
Buzzer/Alarm during Low & High Temperature	Checked	Found OK
TRCU function	Checked	Found ok
Door open signal	Checked	Checked audible & visible. Found ok
Battery Back up	Checked	Turning on while power failure automatically
Battery fault or low signal	Checked	Checked .Turning ON -When Battery may be faulty or dry.

Result:

Operational verification of Blood Bank Refrigerator has been completed satisfactorily and it is ready for the performance verification.

Operations performed by: Subha Mondal	Checked by :
Signature :	Signature :
Date :	Date :

Installation Qualification Report

Name of the customer : Blood Centre, Indian Red Cross Society, Bhubaneswar Model Number: BR -360	Instrument Type: Blood Bank Refrigerator Serial Number: 2022070335
	Date of installation: 08/09/2022

Power check:

Power supply	AC 228V-50 Hz
Plug top	5 Amps
Earth voltage	2.3 Volt

Environmental check:

Parameter	Working range	Site conditions
Room temperature	5-40*C	24*C
Humidity	10-90%	65%

Physical check of the equipment:

Check for damage	Checked	No damage found
Visual & functional inspection	Checked	OK
No damage on internal assembly	Checked	No damage found

System configuration check:

Positioning of the equipment-flat stable surface	Checked	Found OK
Adequate space around the Refrigerator	Checked	Found OK
Interference to other equipments	Checked	No interference

Result:

Installed the Blood Bank Refrigerator satisfactorily and is ready for operational verification

Installed by: Subha Mandal	Checked by :
Signature :	Signature :
Date :	Date :

20/8/23

PERFORMANCE QUALIFICATION

Instrument Type : DEEP FREEZE	**Manufacturer Name :** TERUMO PENPOL Private Limited
Model Name : DF -80 U	**Supplier Name :** Health Ray Enterprises
Installed on : 08/09/2022	**Service Engineer:** Subha Mondal
Placed in service from : 08/09/2022	

Performance Verification Report

Name of the customer : Blood Centre, Indian Red Cross Society, Bhubaneswar	**Instrument Type:** Deep Freeze -80
Model Number: DF -80 U	**Serial Number:** 2022070404
Date of receipt:	**Date of installation:** 08/09/2022

Performance Check:

Line Voltage & Earthing	Checked	Found OK
5 KVA Stabilizer function	Checked	Found OK
Visible indications	Checked	Found OK
Audible indications	Checked	Found OK
Compressor 1 function	Checked	Found OK
Compressor 2 function	Checked	Found OK
Condenser fan	Checked	Found OK
Door Signal	Checked	Found OK
Battery back up	Checked	Found OK

Result:
The performance verification of Deep Freeze has been completed satisfactorily and instrument is ready to be placed in service.

Performance check done in presence of:	HOD : Signature : Date:
Performance check Performed by : Subha Mondal	Checked by :
Signature :	Signature :
Date : 0/09/2022	Date :

OPERATIONAL QUALIFICATION

Instrument Type : DEEP FREEZE	**Manufacturer Name :** TERUMO PENPOL Private Limited
Model Name : DF -80 U	**Supplier Name :** Health Ray Enterprises
Installed on : 08/09/2022	**Service Engineer:** Subha Mondal

Operational Verification report

Name of the customer : **Blood Centre, Indian Red Cross Society, Bhubaneswar**	**Instrument Type:** Deep Freezer
Model Number: DF -80 U	**Serial Number:** 2022070404
Date of receipt:	**Date of installation:** 08/09/2022

Operational check:

Operating of 5 KVA Stabilizer	Checked	Working ok
Operating of Indicator Switch	Checked	Indicator Switch is working ok
Proper Earthing & line voltage	Checked	Found ok
POWER, COMPRESSOR 1 ON, COMPRESSOR 1 OFF, COMPRESSOR 2 ON, COMPRESSOR 2 OFF,TEMP. LOW, TEMP. HIGH, DOOR OPEN, BAT. LOW, SYSTEM LOW LED's indication	Checked	Checked visible & Audible. Found ok
Compressor function	Checked	Working silently, no any abnormal sound.
Condenser fan function	checked	Working ok.
Buzzer/Alarm during Low & High Temperature	Checked	Found OK
C-Tek Chart recorder function	Checked	Found ok
Pressure pen function	Checked	OK.
Door open signal	Checked	Checked audible & visible. Found ok
Battery back up	Checked	Turning on while power failure automatically
Battery fault or low signal	Checked	Checked .Turning ON -When Battery may be faulty or dry.

Result:

Operational verification of Deep Freeze has been completed satisfactorily and it is ready for the performance verification.

Operation performed by : Subha Mondal	Checked by :
Signature :	Signature :
Date : 08/09/2022	Date :

Installation Qualification Report

Name of the customer : **Blood Centre, Indian Red Cross Society, Bhubaneswar**	**Instrument Type:** Deep Freeze – 80° C
Model Number: DF 80 U	**Serial Number: 2022070404**
Date of receipt:	**Date of installation:** 08/09/2022

Power check:

Power supply	AC 228V-50 Hz
Plug top	15 Amps
Earth voltage	2.3 Volt

Environmental check:

Parameter	Working range	Site conditions
Room temperature	5-40°C	22°C
Humidity	10-90%	65%

Physical check of the equipment:

Check for damage	Checked	No damage found
Visual & functional inspection	Checked	OK
No damage on internal assembly	Checked	No damage found

System configuration check:

Positioning of the equipment- flat stable surface	Checked	Found OK
Adequate space around the Deep Freeze	Checked	Found OK
Interference to other equipments	Checked	No interference

Result:

Installed the Deep Freeze -80 satisfactorily and is ready for operational verification.

Installed by: Subha Mondal	Checked by :
Signature :	Signature :
Date :	Date :

TERUMO BLOOD AND CELL TECHNOLOGIES

Unlocking Potential

PERFORMANCE QUALIFICATION

Instrument Type : TUBE SEALER	**Manufacturer Name :** TERUMO PENPOL Private Limited
Model Name : XS 1010	**Supplier Name :** Health Ray Enterprises
Installed on : 08/09/2022	**Service Assistance:** Subha Mondal
Placed in service from : 08/09/2022	

Performance Verification Report

Name of the customer : Blood Centre, Indian Red Cross Society, Bhubaneswar	**Instrument Type:** Tube sealer
Model Number: XS 1010	**Serial Number: 2022056510**
Date of receipt:	**Date of installation:** 08/09/2022

Performance Check :

Without tube, initiate tube detection lever.	Checked	Working OK-sealing motion and electrode going back very fast
20 continuous seals to check the consistent sealing quality	Checked	Found OK
False triggering	Checked	No false triggering
LED indications after continuous sealing	Checked	Found OK
Functional test	Checked	Found OK
Limit switch functions	Checked	Found OK
Tear ability of tubes after continuous sealing	Checked	Easy separation of tube segments found OK

Result: The performance verification of Tube sealer has been completed satisfactorily and instrument is ready to be placed in service.

Performance check done in presence of:	MOIC : Signature : Date:
Performance check Performed by : Subha Mondal	Checked by :
Signature :	Signature :
Date : 08/09/2022	Date :

20/01/23

OPERATIONAL QUALIFICATION

Instrument Type : TUBE SEALER	**Manufacturer Name :** TERUMO PENPOL Private Limited
Model Name :XS 1010	**Supplier Name :** Health Ray Enterprises
Installed on : 08/09/2022	**Service Assistance :** Subha Mondal

Operational Verification report

Name of the customer : Blood Centre, Indian Red Cross Society, Bhubaneswar	**Instrument Type:** Tube sealer
Model Number: XS 1010	**Serial Number: 2022056510**
Date of receipt:	**Date of installation:** 08/09/2022

Operational check:

Turning ON of POWER & READY LED indication after supply is given	Checked	POWER & READY LEDs are glowing
Activation of tube sensing lever while placing tube	Checked	Moving downwards direction without jerk- OK
Activation of Solenoid, and pushing electrode while placing tube	Checked	Moving electrode pushes the tube for sealing
Sealing of tube & turning ON of SEAL LED indication simultaneously READY LED goes OFF	checked	Seals the tube and electrode going back to normal position & SEAL LED indication while sealing.
Turning OFF of SEAL LED after sealing	Checked	Found OK
Visual inspection of Sealing pattern	Checked	Good sealing pattern and equal width on both sides fro the centre mark.
Leakage	Checked	No leakage
Working of DC fan	Checked	Working properly
Turning ON COVER OPEN LED when electrode cover removes	Checked	OK

Calibration: Calibration done

Result: Operational verification of Tube sealer has been completed satisfactorily and it is ready for the performance verification

Operations performed by : Subha Mondal	Checked by :
Signature :	Signature :
Date :	Date :

20/01/23

INSTALLATION QUALIFICATION

Instrument Type : TUBE SEALER	**Manufacturer Name :** TERUMO PENPOL Private Limited
Model Name : XS 1010	**Supplier Name :** Health Ray Enterprises

Installation report

Name of the customer : Blood Centre, Indian Red Cross Society, Bhubaneswar	**Instrument Type:** Tube sealer
Model Number: XS 1010	**Serial Number: 2022056510**
Date of receipt:	**Date of installation: 08/09/2022**

Power check:

Power supply	AC 230V-50 Hz
Plug top	5 Amps
Earth voltage	1.0 Volt

Environmental check:

Parameter	Working range	Site conditions
Room temperature	5-40°C	24°C
Humidity	10-90%	65%

Physical check of the equipment:

Check for damage	Checked	No damage found
Visual & functional inspection	Checked	OK
No damage on internal assembly	Checked	No damage found

System configuration check

Positioning of the equipment-flat stable surface	Checked	Found OK
Adequate space around the tube sealer	Checked	Found OK
Interference to other equipments	Checked	No interference

Result: *Installed the Tube sealer satisfactorily and is ready for operational verification*

Installed by: Subha Mondal	Checked by :
Signature :	Signature :
Date :	Date :

20/9/22

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CERTIFICATE OF CONFORMITY

The Quality Assurance Department of
Medical Systems Group, **TERUMO PENPOL®**
Certifies that the

Equipment	TUBE SEALER
Model	XS1010
Serial Number	2022056510
Power Supply	100-240 V, 50/60 Hz

has passed the quality assurance testing in compliance with our specifications.

TERUMO PENPOL SPECIFICATION	TERUMO PENPOL CONFORMANCE
RF Power	Verified that the Forward RF Power 60W and the Reflex Power 40W are within the specified range.
Frequency	Verified that the seal frequency setting is between 40 - 40.8 MHz.
Maximum Diameter of the Tube that can be sealed	Verified that a tube of diameter 6 mm can be sealed properly.
Sealing Time	Verified that the nominal time taken to seal the tube 2 ± 1 Seconds is within the specified range.
Indication Lamps	Verified that the following indications are present and functional: Power, Ready Seal and Cover Open.

Date of Issue: 13-05-2022

For,
Quality Assurance,
Medical Systems Group,
TERUMO PENPOL Private Limited

CE
ISO 9001:2015
EN ISO 13485:2016

RUMO PENPOL®
RUMO PENPOL Private Limited
(Formerly Known as TERUMO PENPOL Limited
East Zone Sales & Service Center :
Manasa Terrace : P-787, Lake Town, Block A, Kolkata-700 089
Phone : 033-40664092, Email : sanjoy.chowdhury@terumobct.com

CIN No. U33112KL 1985PTC004531
website : www.terumopenpol.com
Corp. Mail ID : penpol.info@terumobct.com

CALIBRATION CERTIFICATE

Name: Blood Centre	**Address:** Indian Red-Cross Society, Bhubaneswar, Odisha – 751022
Equipment: Deep Freezer	**Room Ambient Temperature:** 24 °C
Model Number: DF40U	**Serial Number: 2022070333**
Report Number: **TPPL/CAL/EAST/IRCS-BBSR/02**	**Date of Calibration :08.09.2022** **Due date of Calibration:07.09.2023**

TEMPERATURE AT DIFFERENT COMPARTMENTS

	Accepted standard deviation	Displayed Temperature °C	Measured Temperature °C	Meet Spec. (Y / N)	Passed (Initials)
Compartment 1	± 3 °C	-40.5°C	-40.2°C	Y	
Compartment 2	± 3 °C	-41.0°C	-40.5°C	Y	
Compartment 3	± 3 °C	-39.5°C	38.5°C	Y	
Compartment 4	± 3 °C	-40.0°C	-40.5°C	Y	

OTHER PARAMETERS

1. Compressor ON & OFF set temperature: OK
2. High & low temperature alarm: OK
3. Chart change & chart set function: OK

For TERUMO PENPOL Pvt. Ltd

S Mondal

Subha Mondal

Technical Service Engineer

8/9/23

TERUMO PENPOL Private Limited
(formerly Known as TERUMO PENPOL Limited
East Zone Sales & Service Center :
Manasa Terrace : P-787, Lake Town, Block A, Kolkata-700 089
Phone : 033-40664092, Email : sanjoy.chowdhury@terumobct.com

CIN No. U33112KL 1985PTC004531
website : www.terumopenpol.com
Corp. Mail ID : penpol.info@terumobct.com

CALIBRATION CERTIFICATE

Name: Blood Centre	**Address:** Indian Red-Cross Society, Bhubaneswar, Odisha – 751022
Equipment: Deep Freezer	**Room Ambient Temperature:** 24 °C
Model Number: DF80U	**Serial Number: 2022070404**
Report Number: TPPL/CAL/EAST/IRCS-BBSR/01	**Date of Calibration :08.09.2022** **Due date of Calibration:07.09.2023**

TEMPERATURE AT DIFFERENT COMPARTMENTS

	Accepted standard deviation	Displayed Temperature °C	Measured Temperature °C	Meet Spec. (Y / N)	Passed (Initials)
Compartment 1	± 3 °C	-80.5°C	-80.0°C	Y	
Compartment 2	± 3 °C	-81.0°C	-80.5°C	Y	
Compartment 3	± 3 °C	-79.5°C	-78.5°C	Y	
Compartment 4	± 3 °C	-79.0°C	-78.5°C	Y	

OTHER PARAMETERS

1. Compressor ON & OFF set temperature: OK
2. High & low temperature alarm: OK
3. Chart change & chart set function: OK

For TERUMO PENPOL Pvt. Ltd

S. Mondal

Subha Mondal

Technical Service Engineer

20/8/23

RUMO PENPOL Private Limited
formerly Known as TERUMO PENPOL Limited
East Zone Sales & Service Center :
Manasa Terrace : P-787, Lake Town, Block A, Kolkata-700 089
Phone : 033-40664092, Email : sanjoy.chowdhury@terumobct.com

CIN No. U33112KL 1985PTC004531
website : www.terumopenpol.com
Corp. Mail ID : penpol.info@terumobct.com

CALIBRATION CERTIFICATE

Name: Blood Centre	**Address:** Indian Red-Cross Society, Bhubaneswar , Odisha – 751022
Equipment: Di-electric Tube Sealer	**Room Ambient Temperature:** 24 °C
Model Number: XS1010	**Serial Number: 2022056510**
Report Number: TPPL/CAL/EAST/IRCS-BBSR/04	**Date of Calibration :08.09.2022** **Due date of Calibration:07.09.2023**

	TIME OF SEAL (secs)	RF POWER (in Watt)	MEET SPECIFICATION (Y/N)	INITIAL
TEST 1	1.3	60	Y	
TEST 2	1.2	60	Y	

OTHER PARAMETERS

1. POWER, READY, SEAL &COVER OPEN LED function : OK
2. Maximum Width of Tube Sealed : 6 mm
3. Radio Frequency (in MHz) : 40.13

For TERUMO PENPOL Pvt. Ltd

S. Mondal

Subha Mondal
Technical Service Engineer

20/01/23

TERUMO PENPOL®

TERUMO PENPOL Private Limited
(Formerly Known as TERUMO PENPOL Limited
East Zone Sales & Service Center :
Manasa Terrace : P-787, Lake Town, Block A, Kolkata-700 089
Phone : 033-40664092, Email : sanjoy.chowdhury@terumobct.com

CIN No. U33112KL 1985PTC004531
website : www.terumopenpol.com
Corp. Mail ID : penpol.info@terumobct.com

CALIBRATION CERTIFICATE

Name: Blood Centre	**Address:** Indian Red-Cross Society, Bhubaneswar , Odisha – 751022
Equipment: Blood Bank Refrigerator	**Room Ambient Temperature:** 24 °C
Model Number: BR360	**Serial Number: 2022070335**
Report Number: TPPL/CAL/EAST/IRCS-BBSR/03	**Date of Calibration :08.09.2022** **Due date of Calibration:07.09.2023**

TEMPERATURE AT DIFFERENT COMPARTMENTS

	Tolerance	Displayed Temperature °C	Measured Temperature °C	Meet Spec. (Y / N)	Passed (Initials)
Tray 1	± 1 °C	5.0°C	4.5°C	Y	
Tray 2	± 1 °C	4.5°C	4.5°C	Y	
Tray 3	± 1 °C	4.0°C	4.5°C	Y	
Tray 4	± 1 °C	3.0°C	3.5°C	Y	
Tray 5	±1°C	4.0°C	4.0°C	Y	

OTHER PARAMETERS

1. Compressor ON & OFF set temperature: OK
2. High & low temperature alarm: OK
3. Chart change & chart set function: OK

For TERUMO PENPOL Pvt. Ltd

S. Mondal

Subha Mondal
Technical Service Engineer

20/9/22

TERUMO BLOOD AND CELL TECHNOLOGIES

Unlocking Potential

CERTIFICATE OF CONFORMITY

The Quality Assurance Department of

Medical Systems Group, **TERUMO PENPOL®**

Certifies that the

Equipment	BLOOD BANK REFRIGERATOR
Model	BR360
Serial Number	2022070335
Power Supply	230V, 50/60 Hz

has passed the quality assurance testing in compliance with our specifications.

AABB GUIDELINE	TERUMO PENPOL CONFORMANCE
Temp in all areas of Refrigerator to be maintained within 1-6°C	Verified that the temperature distribution inside the refrigerator at full load is within 3-6 °C
Must have a fan or be of capacity and design to ensure that the designated temperature is maintained throughout	Verified that the refrigerator is having fan(s) for air circulation and the temperature maintenance is within the specified range.
The interior should be clean and lighted.	Verified that the interior lining is of Stainless steel and the trays are stainless steel ones. The interior is clean. Flicker free CFL provided which illuminates the interior.
BBR require temperature monitoring & controlling device for detection of temperature deviations before products are affects.	The Refrigerator has a built in controller, which continuously monitoring & controlling the temperature inside the refrigerator which has been tested and verified.
BBR require temperature recording charts & pen.	The Refrigerator has a built in temperature recorder with circular chart & pen which records temperature of seven days.
Temperature sensor should be placed inside the equipment.	Highly accurate digital temperature sensor provided with the built in controller, which is placed inside the equipment in proper place.
Audible alarms required for temperature deviations.	Verified that the low temperature alarm activates at 1°C and high temperature alarm activates at 6°C enabling blood bank personnel to adopt corrective action before the temperature goes below 1°C or above 6°C.

Date of Issue: 03-Aug-2022

For,
Quality Assurance,
Medical Systems Group,
TERUMO PENPOL Private Limited

CE
ISO 9001:2015
EN ISO 13485:2016

CERTIFICATE OF CONFORMITY

The Quality Assurance Department of

Medical Systems Group, **TERUMO PENPOL®**

Certifies that the

Equipment	BLOOD BANK REFRIGERATOR
Model	BR360
Serial Number	2022070333
Power Supply	230V, 50/60 Hz

has passed the quality assurance testing in compliance with our specifications.

AABE GUIDELINE	TERUMO PENPOL CONFORMANCE
Temp in all areas of Refrigerator to be maintained within 1-6°C	Verified that the temperature distribution inside the refrigerator at full load is within 3-6 °C
Must have a fan or be of capacity and design to ensure that the designated temperature is maintained throughout	Verified that the refrigerator is having fan(s) for air circulation and the temperature maintenance is within the specified range.
The interior should be clean and lighted.	Verified that the interior lining is of Stainless steel and the trays are stainless steel ones. The interior is clean. Flicker free CFL provided which illuminates the interior.
BBR require temperature monitoring & controlling device for detection of temperature deviations before products are affects.	The Refrigerator has a built in controller, which continuously monitoring & controlling the temperature inside the refrigerator which has been tested and verified.
BBR require temperature recording charts & pen.	The Refrigerator has a built in temperature recorder with circular chart & pen which records temperature of seven days.
Temperature sensor should be placed inside the equipment.	Highly accurate digital temperature sensor provided with the built in controller, which is placed inside the equipment in proper place.
Audible alarms required for temperature deviations.	Verified that the low temperature alarm activates at 1°C and high temperature alarm activates at 6°C enabling blood bank personnel to adopt corrective action before the temperature goes below 1°C or above 6°C

Date of Issue: 03-Aug-2022

For,
Quality Assurance,
Medical Systems Group,
TERUMO PENPOL Private Limited

CE
ISO 9001:2015
EN ISO 13485:2016

CERTIFICATE OF CONFORMITY

The Quality Assurance Department of

Medical Systems Group, **TERUMO PENPOL®**

Certifies that the

Equipment	**DEEP FREEZER**
Model	**DF80U - 400L**
Serial Number	**2022070404**
Power Supply	**230V/ 50Hz**

has passed the quality assurance testing in compliance with our specifications.

PARAMETER		OBSERVATIONS					
Capacity		400L					
No. of compartments		5 Compartments					
Equipment / Alarm Functions		OK					
Body Material/ Finish		MS/ Powder Coated					
Inner shell material		Stainless Steel					
Chart Recorder Function		OK					
Controller Function		OK					
Sensor Function		OK					
Temperature Setting/cut off Range		-81°C					
Working Temperature		-79.9°C to -81°C					
Chart Calibration	Displayed Temperature	25°C	5°C	-15°C	-40°C	-60°C	-80°C
	Actual Temperature	25°C	5°C	-15°C	-40°C	-60°C	-80°C

Date of Issue: 09-Aug-2022

For,
Quality Assurance,
Medical Systems Group,
TERUMO PENPOL Private Limited

20/01/23

CE
ISO 9001:2015
EN ISO 13485:2016

...IO PENPOL Private Limited ...IPMENT SERVICE GROUP	**INSTALLATI...**	FR-ESS-05/H

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...1/2021 5214	ZONE East	Date: 08.09.2022

Customer Name & Address	Contact Person	Tel. No	Fax No.	Mobile No.
Blood Centre, Indian Red-Cross Society, Bhubaneswar E-mail :				

INSTALLATION DETAILS : Your Order No. & Date | Our Invoice No. & Date

Equipment Details

Equipment Name	Blood Bank Refrigerator		Deep Freezer	Electric Tube Sealer
Model No.	BR360	BR360	DF80V	XS1010
Serial No.	2022070333	2022070335	2022070404	20220568/10
Warranty Ends on	As Per P.O			

Installation Details

→ Opened the boxes
→ checked the accessories and fixed
→ Switched ON the machines. Checked functioning
→ All the machines are working Properly.
→ Demonstration given to technician.
→ Handed over the Operating manuals, Conformity Certificates, Chart Paper, Pen, Digital Temp Recorder to the technician.

Customer Training Report

Sl. No.	Features	HOD/Blood Bank In-Charge	Bio-Medical Dept / Technician
a	Equipment Handling		
b	Cleaning Operation		
c	Operation of Equipment		
d	Essential Preventive Maintenance		

Remarks of Customer

1) Equipment is properly installed / demonstrated : Yes / No
2) Service rendered by service Engineer / Technician : Satisfactory / Not satisfactory
3) Any other details / suggestions :

20/09/22

Contact Telephone number for servicing : 7894443359

Service Engineer : Subha Mondal	Customer Name : Lingaraj Pandey
Signature : S. Mondal	Signature / seal :
Date : 08.09.2022	Date : 8.09.2022

Distribution : Customer, File (ESS), SE Copy

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GSTIN AGQPA6490G1Z2 GST INVOICE ORIGINAL COPY

PAN NO. AGQPA6490G

HEALTH RAY ENTERPRISES 24435030

DL NO.WB/ IO/W/2342 **MEDICINES, MEDICAL EQUIPMENTS AND SURGICAL ITEMS** 9830671617

DL NO.WB/KOL/NBO/W/2342

207 HUSSAINPUR MADURDAHA,GROUN FLOOR EKT,ANANDAPUR, KOLKATA 700107 KOLKATA

Details of Receiver (Billed To)	Details Of Consignee (Shipped To)	Invoice Details :-
Billing Address :- **IRCS-ODISHA STATE BRANCH** **BHUBANESWAR** **Indian Red Cross Society-Odisha State Branch** **Unit -IX, Bhubaneswar** **BHUBANESWAR - 751022**	**Delivery Address :-** **IRCS-ODISHA STATE BRANCH** **BHUBANESWAR** **Indian Red Cross Society-Odisha State Branch** **BLOOD BANK , FIRST FLOOR ,** **Unit -IX, Bhubaneswar** **BHUBANESWAR - 751022** **ph no - 9830671617/7044331617** Pickup Location : Terumo Penpol Private limited, Medical System Group TC-27/373, andoor building Trivandrum-695035	Invoice No -HR0380/22-23 Invoice Date - 17/08/2022 ORDER NO -1063 RC-032/2022 ORDER DATE -21/07/2022

SL NO	DESCRIPTION OF GOODS	Model no	BATCH NO.	MFG DATE	EXP DATE	IGST	MRP	QTY	HSN CODE	RATE	AMOUNT
1	(-80 C) DEEP FREEZER (VERTICAL MODEL) (TERUMO PENPOL)	DF80U400A0	2022070404	****	****	18	***	1	84183090	570000	570,000.00
2	BLOOD BANK REFRIGERATOR (TERUMO PENPOL)	BR360HM0B0	2022070333 2022070335	****	****	18	***	2	84181010	275000	550,000.00
3	BENCH TOP DI ELECTRIC TUBE SEALER (SINGLE SEAL) (TERUMO PENPOL)	XS1010E000	2022056510	****	****	12	***	1	90189099	112000	112,000.00

INPUT TAX CREDIT IS NOT AVAILABLE TO A TAXABLE PERSON AGAINST THIS COPY

Tax Slab	Total Tax		
		BASIC AMOUNT	1232000.00
Goods Sold @ 18%	201,600.00	IGST%	215040.00
Goods Sold @ 12%	13,440.00	TOTAL AMOUNT	1447040.00

Rupees: Fourteen Lakh Forty Seven Thousand Forty Only **GRAND TOTAL** **1,447,040.00**

Terms & Conditions

* All disputes subject to kolkata jurisdiction only.
*Our responsibility ceases as soon as goods are delivered to the carriers.
* Please return your Breakage /Expiry one month before the expiry date

For HEALTHRAY ENTERPRISES

BANK DETAILS

HEALTH RAY ENTERPRISES
PUNJAB NATIONAL BANK , SHAKESPEARE SARANI BRANCH
A/C. NO. 3190008700002943 , IFSC - PUNB0319000

Received after installment 1/8/22

5-9-22

20/01/23

ଆଞ୍ଚଳିକ ରେଡ୍‌କ୍ରସ ରକ୍ତକେନ୍ଦ୍ର, ଭୁବନେଶ୍ୱର

ଲାଇସେନ୍ସ ନଂ. : ବ୍ଲଡ୍ ୟୁନିଟ୍ ନଂ. :

ରକ୍ତଦାତାଙ୍କ ପାଇଁ ପ୍ରଶ୍ନାବଳୀ ଓ ସମ୍ମତି ପତ୍ର

ଗୋପନୀୟ

ପ୍ରଯୋଜ୍ୟ ସ୍ଥଳେ (✓) ମାରନ୍ତୁ ।

ଦୟାକରି ନିମ୍ନଲିଖିତ ପ୍ରଶ୍ନାବଳୀର ସଠିକ୍ ଉତ୍ତର ଦିଅନ୍ତୁ । ଏହା ଆପଣଙ୍କର ଏବଂ ରକ୍ତ ଗ୍ରହୀତାଙ୍କର ରକ୍ଷା କବଚ ରୂପେ କାର୍ଯ୍ୟ କରିବ ।

ନାମ : ପୁରୁଷ ମହିଳା

ଜନ୍ମ ତାରିଖ ବୟସ : ପିତାଙ୍କ /ସ୍ୱାମୀଙ୍କ ନାମ

ବୃତ୍ତି : ଅନୁଷ୍ଠାନ :

ଯୋଗାଯୋଗ ଠିକଣା :

ଫୋନ୍ ନଂ : ମୋବାଇଲ୍ ନଂ :

ମୋବାଇଲରେ ଯୋଗାଯୋଗ ନିମନ୍ତେ ଆପଣ ଇଚ୍ଛୁକ କି : ☐ ହଁ ☐ ନାହିଁ

ଫାକ୍ସ ନଂ : ଇମେଲ୍ :

ଆପଣ ପୂର୍ବରୁ ରକ୍ତ ଦାନ କରିଛନ୍ତି କି : ☐ ହଁ ☐ ନାହିଁ

ଯଦି କରିଛନ୍ତି, କେତେଥର : ଶେଷଥର କେବେ କରିଥିଲେ :

ଆପଣଙ୍କ ବ୍ଲଡ୍ ଗ୍ରୁପ : କେତେବେଳେ ଖାଦ୍ୟ ଖାଇ ଥିଲେ :

ରକ୍ତଦାନ ସମୟରେ କିମ୍ବା ପରେ ଆପଣ ଅଶ୍ୱସ୍ତି ଅନୁଭବ କରିଥିଲେ କି ☐ ହଁ ☐ ନାହିଁ

ଉପଯୁକ୍ତ ଉତ୍ତରରେ(✓) ମାରନ୍ତୁ :

୧) ଆପଣ ଆଜି ସୁସ୍ଥ ଅନୁଭବ କରୁଛନ୍ତି କି ? ☐ ହଁ ☐ ନାହିଁ

୨) ଚାରିଘଣ୍ଟା ମଧ୍ୟରେ ଆପଣ କିଛି ଖାଇଛନ୍ତି କି ? ☐ ହଁ ☐ ନାହିଁ

୩) ଗତ ରାତିରେ ଭଲ ନିଦ ହୋଇଥିଲା କି ? ☐ ହଁ ☐ ନାହିଁ

୪) ଆପଣ ହେପାଟାଇଟିସ୍, ମେଲେରିଆ, ଏଚ୍.ଆଇ.ଭି./ଏଡ୍ସ
ଜିମ୍ବା ଯୌନ ରୋଗରେ ପୀଡ଼ିତ ବୋଲି ଆଶଙ୍କା କରୁଛନ୍ତି କି ? ☐ ହଁ ☐ ନାହିଁ

୫) ଗତ (୬) ଛଅ ମାସ ମଧ୍ୟରେ ଆପଣ ନିମ୍ନଲିଖିତ ରୋଗରେ ପୀଡ଼ିତ ହୋଇଥିଲେ କି ?

☐ ହଠାତ୍ ଶରୀର ଓଜନ କମିଯିବା ☐ କାରବଙ୍କର ଝାଡ଼ା

☐ ଗ୍ରନ୍ଥି ଫୁଲା ☐ ବେଶୀ ଦିନ ପର୍ଯ୍ୟନ୍ତ କାଶି ରହିବା ଜ୍ୱର

୬) ଗତ (୬) ଛଅ ମାସ ମଧ୍ୟରେ ଆପଣ :

☐ ଟିକା ଚୁଟାଇଛନ୍ତି କି ? ☐ କାନ ଫୋଡ଼ାଇଛନ୍ତି କି ? ☐ ଦାନ୍ତ ଉପାଡ଼ିଛନ୍ତି କି ?

୭) ଗତ (୬) ଛଅ ମାସ ମଧ୍ୟରେ ଆପଣ ନିମ୍ନଲିଖିତ ରୋଗରେ ପୀଡ଼ିତ ଥିଲେ କି ?

☐ ହୃଦ ରୋଗ ☐ ଶ୍ୱାସ ରୋଗ ☐ ବୃକକ୍ ରୋଗ

☐ କର୍କଟ ରୋଗ ☐ ଅପସ୍ମାର ☐ ମଧୁମେହ

☐ ଯକ୍ଷ୍ମା ☐ ରକ୍ତ ଖରାପ ☐ ହେପାଟାଇଟିସ୍ 'ଖ' ଜିମ୍ବା 'ଗ'

☐ ଆଲର୍ଜି ☐ କାମଳ ୧ ବର୍ଷ ମଧ୍ୟରେ ☐ ଯୌନ ସଂକ୍ରମଣ ରୋଗ

☐ ମେଲେରିଆ (୬ ମାସ) ☐ ଆନ୍ତ୍ରିକ ଜ୍ୱର (୬ ମାସ) ☐ ଅଚେତ ହୋଇଯିବା

କ୍ରମଶଃ

ନିମ୍ନଲିଖିତ କୌଣସିଟି ଆପଣ ଗତ ୭୨ ଘଣ୍ଟା ମଧ୍ୟରେ ଗ୍ରହଣ କରିଛନ୍ତି କି ?

☐ ଆଣ୍ଟିବାୟୋଟିକ୍ ☐ ଆସ୍ପିରିନ ☐ ମାଦକ ଦ୍ରବ୍ୟ

☐ ଷ୍ଟେରଏଡ୍ ☐ ପ୍ରତିଷେଧକ ଟିକା ☐ କୁକୁର କାମୁଡ଼ା ଇଞ୍ଜେକ୍ସନ (ଏକ ବର୍ଷ)

୮) ଗତ (୬) ଛଅ ମାସ ମଧ୍ୟରେ ଆପଣ ଅସ୍ତ୍ରୋପଚାର, ରକ୍ତ ବା ରକ୍ତ ଜାତୀୟ ପଦାର୍ଥ ଗ୍ରହଣ କରିଛନ୍ତି କି ?

☐ ବଡ଼ ଅସ୍ତ୍ରୋପଚାର ☐ ଛୋଟ ଅସ୍ତ୍ରୋପଚାର ☐ ରକ୍ତ ଗ୍ରହଣ

୯) ମହିଳା ରକ୍ତ ଦାତ୍ରୀଙ୍କ ନିମନ୍ତେ :

ଆପଣ ଗର୍ଭବତୀ କି ? ☐ ହଁ ☐ ନାହିଁ

ତିନି ମାସ ମଧ୍ୟରେ ଗର୍ଭପାତ ହୋଇଥିଲା କି : ☐ ହଁ ☐ ନାହିଁ

ଏକ (୧) ବର୍ଷରୁ ଜମା ବୟସର ପିଲା ଅଛି କି ? ☐ ହଁ ☐ ନାହିଁ

୧୦) **କୌଣସି ଅସ୍ୱାଭାବିକ ପରୀକ୍ଷାର ପରିଣାମ ଆପଣଙ୍କ ଠିକଣାରେ ଆପଣ ଜାଣିବା ନିମନ୍ତେ ଆଗ୍ରହୀ କି ?** ☐ ହଁ ☐ ନାହିଁ

ଉପରୋକ୍ତ ସମସ୍ତ ବିବରଣୀ ପାଠ କରି ହୃଦୟଙ୍ଗମ କରି ସମସ୍ତ ପ୍ରଶ୍ନର ଉତ୍ତର ପ୍ରଦାନ କରିଛନ୍ତି କି ? (କାରଣ ଭୁଲ ତଥ୍ୟ ପ୍ରଦାନ ଓ ପ୍ରକୃତ ତଥ୍ୟ ଗୋପନ, ଆପଣ ଏବଂ ଉକ୍ତ ଗ୍ରହୀତାଙ୍କ ସ୍ୱାସ୍ଥ୍ୟରେ ପ୍ରତିକୂଳ ପ୍ରଭାବ ପ୍ରଦାନ କରେ ।) ☐ ହଁ ☐ ନାହିଁ

ମୁଁ ହୃଦୟଙ୍ଗମ କରୁଅଛି ଯେ -

(କ) ରକ୍ତଦାନ ଏକ ସ୍ୱେଚ୍ଛାକୃତ କାର୍ଯ୍ୟ ଏବଂ ଏଥିପାଇଁ କୌଣସି ପ୍ରକାର ପ୍ରଲୋଭନ କିମ୍ବା ପାରିଶ୍ରମିକ ପ୍ରଦାନ କରାଯାଇନାହିଁ ।

(ଖ) ରକ୍ତ/ରକ୍ତ ଜାତୀୟ ପଦାର୍ଥ ଦାନ ଏକ ଚିକିତ୍ସା ସମ୍ବନ୍ଧୀୟ ପ୍ରକ୍ରିୟା, ସ୍ୱେଚ୍ଛାକୃତ ରକ୍ତଦାନ ସମୟରେ ତଦ୍ ଜନିତ ସମସ୍ତ ପ୍ରକାର କ୍ଷୟକ୍ଷତି ସହ୍ୟ କରିବାକୁ ମୁଁ ସହମତି ପ୍ରଦାନ କରୁଛି ।

(ଗ) ସୁରକ୍ଷା ଦୃଷ୍ଟିକୋଣରୁ ସୁନିଶ୍ଚିତ ହେବା ନିମନ୍ତେ ମୋର ରକ୍ତ ହେପାଟାଇଟିସ୍-ଖ, ହେପାଟାଇଟି -ଗ, ମେଲେରିଆ, ଏଚ୍.ଆଇ.ଭି/ ଏଡ୍ସ, ଯୌନ ରୋଗ ଏବଂ ଅନ୍ୟ ଯେକୌଣସି ପ୍ରକାର ପରୀକ୍ଷା ନିମନ୍ତେ ବ୍ୟବହାର କରାଯିବ ।

ମୋର ବିନା ଅନୁମତିରେ ମୋ ଦ୍ୱାରା ପ୍ରଦତ୍ତ କୌଣସି ବିବରଣୀ ଏବଂ ମୁଁ ଯେ ସ୍ୱେଚ୍ଛାକୃତ ରକ୍ତଦାନ କରିଛି । ଏହା କୌଣସି ବ୍ୟକ୍ତି ବିଶେଷ ତଥା ସରକାରୀ ଅନୁଷ୍ଠାନ ନିକଟରେ ପ୍ରକାଶ କରାଯାଇ ପାରିବ ନାହିଁ ।

ତାରିଖ : ..... ସମୟ ..... ଦାତାଙ୍କ ସ୍ୱାକ୍ଷର .....

ସାଧାରଣ ଶାରୀରିକ ପରୀକ୍ଷା :

ଓଜନ ..... ନାଡ଼ି ..... Hb .....

ରକ୍ତଚାପ ..... ତାପ .....

☐ ଗ୍ରହଣୀୟ ☐ ଗ୍ରହଣୀୟ ନୁହେଁ କାରଣ .....

ଡାକ୍ତର ସ୍ୱାକ୍ଷର .....

ନିରାପଦ ରକ୍ତ ସୁସ୍ଥ ରକ୍ତଦାତାଙ୍କଠାରୁ ହିଁ ମିଳିଥାଏ ।

Annexure-6

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REGIONAL RED CROSS BLOOD CENTRE, BHUBANESWAR

Licence No. 18

Medical Road, Mangalabag, Cuttack - 753 007
Email : crcbb.ctc@gmail.com

BLOOD DONOR QUESTIONNAIRE & CONSENT FORM

Date of Donation ☐☐ ☐☐ ☐☐☐☐ CONFIDENTIAL *Blood Unit No.*

(✓)Tick wherever applicable

Type of Donation : Voluntary/Replacement/Autologous/Apheresis *Seg No.*

Please answer the following questions correctly. This will help to protect you and the patient who receives your blood.

Name

Male/ Female/ Others Date of Birth Age

Father's / Husband's Name

Occupation Organization

Address for Communication

Telephone No. Mobile No E-mail :

Would you like us to call you on your mobile : ☐ Yes ☐ No

Have you donated blood previously ☐ Yes ☐ No

If yes, how many times ? When last :

Your blood group ? Time of last meal taken :

Did you have any discomfort during / after donation ? ☐ Yes ☐ No

(✓) The appropriate Answer :

1) Do you feel well today ? ☐ Yes ☐ No

2) Have you eaten anything in the last 4 hours ? ☐ Yes ☐ No

3) Did you sleep well last night ? ☐ Yes ☐ No

4) Have you any reason to believe that you may be infected by either Hepatitis, Malaria, HIV/AIDS, and / or Venereal disease ? ☐ Yes ☐ No

5) Have you had Jaundice in the last 1 Year ?

1 Has your blood ever tested positive for hepatitis B or C ? ☐ Yes ☐ No

6) Have you had Tuberculosis or typhoid during the last year ? ☐ Yes ☐ No

7) In the last 6 months, have you had any history of the following

☐ Tattooing ☐ Unexplained weight loss ☐ Chicken Pox

☐ Ear Piercing ☐ Repeated Diarrhoea ☐ Dengue

☐ Dental Extraction ☐ Swollen glands ☐ Malaria

8) Do you suffer from or have suffered from any of the following diseases ?

☐ Heart Disease ☐ Lung Disease ☐ Kidney Disease

☐ Cancer / Malignant Disease ☐ Epilepsy ☐ Diabetes

☐ Allergic Disease ☐ Abnormal bleeding tendency ☐ Fainting spells

☐ Sexually Transmitted Disease

P.T.O

9) Have you taken any of these in the past 72 hours or suffered from Dog Bite in 1 year ?

☐ Antibiotics ☐ Aspirin ☐ Alcohol

☐ Steroids ☐ Vaccinations

10) Is there any history of surgery or blood transfusion in the past 6 months ?

☐ Major Surgery ☐ Minor Surgery ☐ Blood Transfusion

11) **For Female Donors**

Are you having menstrual blood loss today

or in the past 5 days or coming 5 days ☐ Yes ☐ No

Are you pregnant ? ☐ Yes ☐ No

Have you had an abortion in the last 3 months ☐ Yes ☐ No

Do you have a child less than one year old ? ☐ Yes ☐ No

12) **Would you like to be informed about any**

Abnormal test result at the address furnished by you ? ☐ Yes ☐ No

Have you read and understood all the informations presented and answered all the questions truthfully, as any incorrect statement or concealment may affect your health or may harm the recipient.

☐ Yes ☐ No

I understand that

a) Blood Donation is a totally voluntary act and no inducement or remuneration has been offered.
b) Donation of blood / components is a medical procedure and that by donating voluntarily, I accept the risks associated with this procedure. I do not wish to proclaim ownership rights on any components and / products developed.
c) My blood will be tested for Hepatitis B, Hepatitis C, Malarial Parasite, HIV / AIDS and Venereal Diseases in addition to any other screening tests required to ensure blood safety.
d) My donated blood, blood and plasma recovered from my donated blood may be sent for plasma fractionation for preparation of plasma derived medicinal products, all of which may be used for larger patient population and not just this blood centre.
e) The information provided by me shall not be disclosed to any unauthorized personnel.
f) I allow to utilize my blood / blood component for treatment, research or any other purpose which this Blood Bank finds fit.

Date_____ Time_____ Donor's Signature _____

For Blood Bank Use Only :

General Physical Examination

Weight _____ kg. Pulse_____ min Hb _____ gm/dl

BP_____ mm. Hg. Temperature _____ ^{0}F

Accept ☐ Defer ☐ Reason of Deferral _____

Signature of Medical Officer.....

Donor Reaction : Vaso Vagal ☐ Convulsion ☐ Any others _____

Duration of observation _____ Found Fit ☐ Referred _____

Treatment Given _____

Signature of Medical Officer.....

BLOOD SAFETY BEGINS WITH A HEALTHY DONOR

TERUMO PENPOL

TERUMO PENPOL Private Limited
(formerly Known as TERUMO PENPOL Limited
East Zone Sales & Service Center :
Manasa Terrace : P-787, Lake Town, Block A, Kolkata-700 089
Phone : 033-40634092, Email : sanjoy.chowdhury@terumobct.com

CIN No. U33112KL 1985PTC004531
website : www.terumopenpol.com
Corp. Mail ID : penpol.info@terumobct.com

CALIBRATION CERTIFICATE

Name: Blood Centre	**Address:** Indian Red-Cross Society, Bhubaneswar, Odisha - 751022
Equipment: Deep Freezer	**Room Ambient Temperature:** 24 °C
Model Number: DF40U	**Serial Number: 2022070333**
Report Number: **TPPL/CAL/EAST/IRCS-BBSR/02**	**Date of Calibration :08.09.2022** **Due date of Calibration:07.09.2023**

TEMPERATURE AT DIFFERENT COMPARTMENTS

	Accepted standard deviation	Displayed Temperature °C	Measured Temperature °C	Meet Spec. (Y / N)	Passed (Initials)
Compartment 1	± 3 °C	-40.5°C	-40.2°C	Y	
Compartment 2	± 3 °C	-41.0°C	-40.5°C	Y	
Compartment 3	± 3 °C	-39.5°C	38.5°C	Y	
Compartment 4	± 3 °C	-40.0°C	-40.5°C	Y	

OTHER PARAMETERS

1. Compressor ON & OFF set temperature: OK
2. High & low temperature alarm: OK
3. Chart change & chart set function: OK

For TERUMO PENPOL Pvt. Ltd

S Mondal

Subha Mondal

Technical Service Engineer

20/9/22

Sayan

REMI GROUP

REMI SALES & ENGINEERING LTD.

Office : Bando House, 4th Floor, 29, Ganesh Chandra Avenue, Kolkata - 700013
Service Center : 153A, Acharya Prafulla Chandra Road, (Sahitya Parishad), Kolkata-700006
Office : (033) 2211 6367, Service Helpline No. : +91 84200 05736 (10 am. to 6 pm.)
E-mail : instservicekolkata@remigroup.com Website : www.remilabworld.com

SR. NO. : N.S. 243

Service Visit Report of Mr. Nityanandaseth Division : Service HQ : Kolkata	Mobile No. 9078965182	COMPLAINT NO. 6057	COMPLAINT DATE : 20.7.2022
DATE : 8.9.2022 Complaint Registration Form enclosed.			
Starting From : Home/Office/Godown/Customer/Hotel : Left Time : 10 AM Arrival time at Customer : 10.30 AM Left time from Customer :		Arrival time at Home/Office/Hotel/Customer :	

Details of Customer	Service Instrument Details	Service Rendered under :	IFR ☐ WFR ☐
Name of Party : IRCS-058	Item : Blood Collection monitor	(1) AMC ☐ CMC ☐	Job completed [Yes] ✓ [No]
Dept. :	Model No. : Bcm-10ultra	(2) Installation ☑ Demonstration ☑	Revisit required [Yes] [No] ✓
Address : Bhubaneswar	Sr. No. : ZIBS-07932	(3) Calibration ☐ Validation ☐	Reason for Revisit :
Person to whom service given : [illegible]	Mfg. Date & Year : 2/22	(4) Warranty ☐ Out of Warranty ☐	Spares not available ☐
Designation : Medical officer	Voltage Stabilizer Type : SERVO/RELAY	If out of manufacturing Guarantee visit charges recovered Amount :	Wrong Spares Received ☐
Mobile No. : 943[illegible]	Capacity (KVA) :	Visit / Service charges will be paid :	Customer deferred services ☐
E-mail ID :	Make :	- After receipt of PO as per report ☐	Further investigation required & could not correct ☐
Actual name of Supplier Soham - CTC	Line Voltage : 230V	- Without receipt of PO ☐	Quotation Submitted [Yes] [No]
Invoice No. : KTB-2501	Output Voltage :	IQ / OQ / PQ Done ☐	Quotation No. :
Date : 30.6.2022	Calibration Done ☐	All Qualification Doc Submitted ☐	Quotation Date :

Spares Replaced ☐ Spares Required ☐ Chargable ☐ Free ☐

Sl. No.	Item Code	Details of spare parts	HSN CODE	Qnty.	Rate	Amt.	CGST%	GST Amt	Amount
1									
2									
3									
4									
5									
Total Spare charges :									
Service charges :									
TOTAL									

PAYMENT RECEIPT STATUS

Received ☐ Not Received ☐
By Cash ☐ By Cheque ☐ Amount Amount Rs
Cheque No. Date

Actual Fault Observed in Instrument : Installation & demo

Complaint Evaluation: Operational Deficiency ☐ Equipment Deficiency ☐

Details of Service Rendered : Checked the machine Bcm-10ultra fine. Installation & demo given the customer. Now machine working ok

Service Engineer Remarks : Job done & machine working ok

Any Critical Observation ☐ Yes ☐ No

Customer Remarks : Intalation done

ADVERSE INCIDENCE

Sr.No.	Is there is any indication that the defect resulted in	Yes	No.
1	Medical Intervention		
2	Injury to User		
3	Death		
4	Measured Values Display which were out of tolerance		

Customer Signature with Stamp [signature] 8/9/22

Date :
Name :
Designation :

Service Engineer's Name : Nityanandaseth
Service Engineer's Signature : [signature] 8.9.22

Service Dept. Remark with Signature :

Sales Dept. Remark with Signature :

PAL/03-2022/40books

[signature] 20/[illegible]/23

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Ref:- EW-181s/8008 SER/IR01 R-01

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ELISA WASHER INSTALLATION REPORT

Customer Name	INDIAN REDCROSS SOCIETY ODISHA STATE BRANCH	Engineer Name	B. SUNIL KUMAR DSM	Distributor name	
Address	PANDIT JAWHARLAL MARG UNIT-9 BHUBANESWAR	Instrument check list			M/S SAYONI CUTTACK
		01 Washer Bottle	✓		
		01 Waste Bottle	✓		
Area code	751022	01 Rinse Bottle	✓		
Contact person		Cleaning pin	✓		
Email ©	iscbbsb@gmail.com	Fuse	✓		
Contact no.	0674-2390712	Power cable	yes ✓	no	
Department	BLOOD BANK.	User Manual	✓		
Installation Date	27/7/22	Inbuilt Incubator	✓		
Instrument Name	EW EW181S	Installation date	27/7/22		
Instrument Sr no.	59231 5008	Warranty	1 Year		
Software no.	59231 5008				
Additional comments					

Action taken /comments:
Primary physical / Installation work done successfully
final installation / orientation will be done

27 JUL 2022

Customer Name	Akshaya kumar Dalai Commissioned Biswal	Customer Signature/stamp	
Company Representative	B. Sunil Kumar DSM	Signature & Date	27/7/22

Additional Information if any

Office use only

Date of installation			
Location of instrument			
Software		Warranty expire on	

Regd. office : J Mitra & Co Pvt Ltd ,A180/181,Okhla Industrial Area, Phase 1,
New Delhi, 110020.
Phone no. 011 47130300.

20/01/23

'Duplicate Bill

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SAYONI

SIDE OF THE MANGALABAG POST OFFICE
MANGALABAG, CUTTACK-753 001
Phone : 0671-2414733 (Off),
2414162 (Off), 2416111
E-mail : sayoni_ctc@yahoo.co.in
www.sayoni.org

GST Retail Invoice

GSTIN: 21ACVPS7188Q1ZC
D.L. No. : CU 6533W, CU 6534 WC, CU 4655 WX
PAN NO.: ACVPS7188Q

INVOICE No. SARO596

DATE 02/07/2022

OWNER

NAME OF BANK : STATE BANK OF INDIA, Account No.: 30214977468, IFSC CODE : SBIN0004238
BRANCH : SPL PB BRANCH, MANGALABAG, CTC

Billed To:
THE HONORARY SECRETARY
INDIAN RED CROSS SOCIETY,ODISHA STATE BRANCH
BHUBANESWAR-751022
Unique ID:
DL Nos :
Order # 847/RC-132/2020

Shipped To:
THE HONORARY SECRETARY
INDIAN RED CROSS SOCIETY,ODISHA STATE BRANCH
BHUBANESWAR-751022

Dtd. 18/06/2022

Sl No	MFG	DESCRIPTION OF GOODS	PACK	HSN CODE	GST RATE %	BATCH	EXP	QTY	UOM	RATE	TOTAL	DISC %	TAXABLE TOTAL
1	J HIT	ELISA READER	1NO	90275090	18.00	5023132563		1	Nos	83260.00	83260.00	0.0	83260.00
2	J HIT	MICROPLATE WASHER	1NO	90275090	18.00	5023180083		1	Nos	100000.00	100000.00	0.0	100000.00

Rs 1% Paid

O/L

QTY : GST0% : 0 GST5% : 0 GST12% : 0 GST18% : 2 GST28% : 0

GSTTYPE	VALUE	CGST GST%	CGST GSTAMT	VALUE	SGST GST%	SGST GSTAMT	GST TOT	NET CALCULATIONS	
GST 0%	0.00	0.0	0.00	0.00	0.0	0.00	0.00	SUBTOTAL	183260.00
GST 5%	0.00	2.5	0.00	0.00	2.5	0.00	0.00	TOTAL DISC	0.00
GST12%	0.00	6.0	0.00	0.00	6.0	0.00	0.00	TAXABLE TOTAL	183260.00
GST18%	183260.00	9.0	16493.40	183260.00	9.0	16493.40	32986.80	CGST TOTAL	16493.40
GST28%	0.00	14.0	0.00	0.00	14.0	0.00	0.00	SGST TOTAL	16493.40
								IGST TOTAL	0.00
	183260.00		16493.40	183260.00		16493.40	32986.80	DB/CR/ADJ	0.00
								Round. Off	0.20
								INVOICE VALUE	216247.00

In Words:Two Lakhs Sixteen Thousand Two Hundred Forty Seven Rupees Only

1. Certified that particulars given above are true & correct.
2. All disputes are Subject to Cuttack Jurisdiction only.

E. & O.E

SAYONI MANGALABAG

For SAYONI
Authorised Signatory

28/07/22

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SAYONI

Side of the Mangalabag Post Office
MANGALABAG, CUTTACK - 753 001
(Govt. Approved Firm)

GST No.21ACVPS7188Q1ZC
D.L. No. CU 6533W
CU 6534 WC, CU 4655 WA
PAN : ACVPS7188Q

Phone : 0671 - 2414733 (Off)
2414162 (Off
2416111 (Off
2970117 (Off
E-mail : sayoni_ctc@yahoo.co.in
www.sayoni.org

Ref.....

Date.....

DELIVERY CHALLAN

To,
The Honorary Secretary
Indian Red Cross Society
Odisha State Branch
Bhubaneswar

Date: - 07/07/2022

Sub: - Challan Against Purchase Order No: - 847/RC-132/2022 Date: - 18/06/2022

Supply of Following Items

SL NO	NAME OF ITEMS	MAKE/MODEL	SL NO	QUANTITY
01	ELISA READER & WASHER	J MITRA & CO ER181 & EW181	READER-502313256I WASHER-592318008I	01 SET

WITH INVOICE NO: - SAR0596 DATE: - 02/07/2022

THANKING YOU

YOUR'S FAITHFULLY

SAYONI MANGALABAG

For Sayoni

Received to Invoice (2)
Cowton with seal.
Subject to verification.
8/7/22
18-7-2022

28/02

20/01/23

ENVIRO INSTRUMENTS

(An ISO 9001:2015 Certified Company)

Head Office: A-04, Sigma IV, Greater Noida (Gautam Budh Nagar) U.P.-201310 (INDIA)

Mobile: +91-7982443735, +91-8287938780, +91-9528137907 | Phone: 0120-2395648

Email: enviroinstruments@gmail.com | Website: www.enviroinstrument.com

CC-3184

CALIBRATION CERTIFICATE

Certificate No:	EI/FF/1936	Page	1 of 1
SRF No:	2021/168	Field:	Fluid Flow
SRF Date	28/09/2021	ULR No.:	CC318421000000320SF
Company Name & Address		Calibration Date:	28.09.2021
M/S Calyss Calibration & Testing Pvt. Ltd. F-40, Sector-9, Noida-201301 (U.P)		Due Date :	27.09.2022
		Issue Date :	04.10.2021

DUC Details			
Instrument Name	Digital Anemometer	Instrument Sr. No.	-
Make	Lutron	Instrument ID. No.	CCTPL/AM/R-2001
Model No.	AM - 4201	Location	Lab
Range	0.4 - 30 m/sec	DUC Condition	Ok
Resolution	0.1 m/sec	Calibration Performed at	Lab

Standard Equipments Used (Traceable to National Standard)

Sr. No.	Instrument Name	Calibrated By	SINo./IDNo.	URL No. / Cal. Certificate No.	Date of Calibration	Due. On date
1	S - Type Pitot Tube	LATA ENVIRDTECH SERVICES	EI - 06 & EICL/FF/03	CC225321000001910F / LES-CCL/FF/FT/782	01.06.2021	31.05.2022
2	Manometer	AA Calibration Pvt.Ltd.	EICL/FF/08	CC264620000005583F AACTL/05583F	03.10.20	02.10.2021

	B. Pressure	Temperature	Humidity	Reference Standard	Calibration Procedure No.
Environment Condition	738.1 mmHG	24.7 °C	58 % RH	ASTM D3796-90 (Reapproved 2004)	EI/WI/FF/05

CALIBRATION OBSERVATIONS AND RESULTS FOR ANEMOMETER

S.No.	Standard 'S' Type Pitot Tube K = 0.8736		Anemometer (DUC) Air Velocity (m/s)	Error (%)	Expanded Uncertainty ± (%) at 95% confidence Level (K= 2)
	Dynamic Pressure (mmWc)	Air Velocity (m/s)			
1	2.1	5.32	5.08	-0.002	3.62
2	6.6	9.53	9.24	-0.003	3.62
3	18.3	15.69	15.4	-0.004	3.62
4	30.6	20.51	19.6	-0.009	3.62

Notes :-

1. The Laboratory accepts responsibility for content of this certificate.
2. This Certificate shall not be reproduced except in full , without written approval of the laboratory.
3. This certificate is intended of only for guidance and not for legal purpose or for advertisement.
4. Any complaint about this certificate should be communicated in writing within 7 days of its issue.
5. Total liability of enviro instrument will be limited to the invoiced amount only.
6. In case of feedback/complaints please send an email at enviroinstruments@gmail.com

Authorized By

ASHWANI KANWAL
(QUALITY MANAGER)

20/07/23

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TROTEC

Kalibrierung erfolgreich bestanden.	☑
Inspection was successfully passed.	☑
L'appareil a été vérifié. Aucune mesure corrective nécessaire	☑
Das Gerät liegt außerhalb der Kalibriervorgaben.	☐
Inspection failed	☐
L'appareil ne satisfait pas aux critères du test.	☐

Prüfer.
Checked by
Vérificateur: Peng Xingen

Qualitätssicherung
Quality Control
Assurance Qualité: Li Mingfang

KONTAKT

20/01/23

TROTEC

Messergebnisse/Measuring results/Résultats: CO

Nr.	Messbereich/ Range/ Plage de mesure [PPM]	Referenz/ Reference/ Référence [PPM]	Toleranz/ Tolerance/ Tolérance [%]	Messwert/ Reading/ Valeur mesurée [PPM]	Abweichung/ Deviation/ Écart [%]	Status/ Status/ Résultat
1	10-1000	400	+/-50	403	+3	Passed

Messergebnisse/Measuring results/Résultats: Temperature

Nr.	Messbereich/ Range/ Plage de mesure [°C]	Referenz/ Reference/ Référence [°C]	Toleranz/ Tolerance/ Tolérance [°C]	Messwert/ Reading/ Valeur mesurée [°C]	Abweichung/ Deviation/ Écart [°C]	Status/ Status/ Résultat
1	0-50	10.0	+/-0.5	10.2	+0.2	Passed
2	0-50	30.0	+/-0.5	29.7	-0.3	Passed
3	0-50	50.0	+/-1.0	49.4	-0.6	Passed

Messergebnisse/Measuring results/Résultats: Relative Humdity

Nr.	Messbereich/ Range/ Plage de mesure [%]	Referenz/ Reference/ Référence [%]	Toleranz/ Tolerance/ Tolérance [%]	Messwert/ Reading/ Valeur mesurée [%]	Abweichung/ Deviation/ Écart [%]	Status/ Status/ Résultat
1	0-100	30.0	+/-3.5	28.6	-1.4	Passed
2	0-100	50.0	+/-3.0	48.7	-1.3	Passed
3	0-100	80.0	+/-3.5	80.3	+0.3	Passed

20/04/23

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TROTEC

Kalibriereinheit (Referenz)/Calibration unit (Reference)/ Équipement d'étalonnage (référence):

Fabrikat/ brand/Modèle:	LIGHTHOUSE 402999220-1/TSI 8530
Zertifikat-Nr./Certificate-No./ N° de certificat	195809914
Serien Nr./Serial Nr./N° de série	51000020/8530165119
Genauigkeit/Accuracy/Précision:	±0.001mg/m3

Umgebungsbedingungen/Environmental conditions/ Conditions environnementales:

Kal.-datum/Cal.-date/ Date d'étalonnage	2019-08-30
Standards/Standards/Normes:	JJG 846-2015

*FS = Full Scale

Temp [°C]: 25,0 ℃

Rel. Hum [%]: 48,0 %RH

Datum/Date/Date: 2020-08-28

Messergebnisse/Measuring results/Résultats: Particle

Nr.	Messbereich/ Range/ Plage de mesure [µm]	Referenz/ Reference/ Référence [n]	Toleranz/ Tolerance/ Tolérance [%]	Messwert/ Reading/ Valeur mesurée [n]	Abweichung/ Deviation/ Écart [% (n)]	Status/ Status/ Résultat
1	0.3	78721	+/-30	75524	-4% (-3197)	Passed
2	0.5	25361	+/-30	24227	-4% (-1134)	Passed
3	1.0	2462	+/-30	2161	-12% (-301)	Passed
4	2.5	313	+/-30	380	+21% (+67)	Passed
5	5.0	33	+/-30	40	+21% (+7)	Passed
6	10	16	+/-30	16	+0% (+0)	Passed

Messergebnisse/Measuring results/Résultats: HCHO

Nr.	Messbereich/ Range/ Plage de mesure [PPM]	Referenz/ Reference/ Référence [PPM]	Toleranz/ Tolerance/ Tolérance [%]	Messwert/ Reading/ Valeur mesurée [PPM]	Abweichung/ Deviation/ Écart [%]	Status/ Status/ Résultat
1	0.01-5.00	0.10	+/-0.25	0.10	+0.00	Passed
2	0.01-5.00	0.50	+/-0.25	0.65	+0.15	Passed

20/08/28

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TROTEC

Werkskalibrierzeugnis
Calibration test report
Certificat d'étalonnage

Hiermit wird bescheinigt, dass dieses Trotec-Erzeugnis in Übereinstimmung mit dem QM-Handbuch der Trotec GmbH nach DIN EN ISO 9001/9002 gefertigt wurde. Die Bestellvorgaben wurden eingehalten. Die Ausführung und Anzeigegenauigkeit der Geräte/Systeme wurde im Rahmen der Trotec Kalibrier- und Qualitätssicherungsmaßnahmen überwacht. Die Kalibrierung des Gerätes erfolgte gemäß ISO 21501-4.

Dieser Kalibrierschein dokumentiert die Rückführung auf nationale Normale zur Darstellung der Einheiten in Übereinstimmung mit dem nationalen Einheitensystem (SI).

This is to certify that this Trotec product has been made according to the TQM to the Trotec GmbH manual in accordance with DIN EN ISO 9001/9002. Ordering specifications are complied with. Execution of instruments / systems as well as testing of accuracy was carried out following Trotec calibration and quality assurance procedures. Item calibration has been made corresponding to ISO 21501-4.

This calibration certificate documents the traceability to national standards, which realize the units of measurement according to the International System Of Units (SI)."

Par ce document, nous certifions que votre produit Trotec a été fabriqué suivant les normes TQM de Trotec GmbH en concordance avec DIN EN ISO 9001/9002. Les spécifications stipulées dans la commande ont été appliquées. La réalisation des appareils/systèmes ainsi que les tests de précision ont été réalisés dans le cadre des procédés de qualité et d'étalonnage Trotec. L'étalonnage de l'appareil a été réalisé conformément à ISO 21501-4.

Ce certificat d'étalonnage documente la traçabilité aux étalons nationaux pour la représentation des unités conformément au Système national d'unités (SI).

Typ/Type/Type: PC220

Genauigkeit/Accuracy/Précision:

Particle:	accuracy ±30 %
	counting efficiency 50 % @ 0.3 µm; 100 % for particles >0.45 µm
HCHO:	±5.0 % FS*
CO:	±5.0 % FS*
T:	±0.5 °C (0.9 °F) [illegible] °C to 40 °C
	±1.0 °C (1.8 °F) others
RH:	±3.0 %RH (40 % to 60 %)
	±3.5 %RH (20 % to 40 % and 60 % to 80 %)
	±5.0 %RH (0 % to 20 % and 80 % to 100 %)

Serien Nr./Serial Nr./N° de série: 200812208

KONTAKT

20/01/23

NCL

CC - 2213

NCL Pvt. Limited

NABL ACCREDIATED LABORATORY

CALIBRATION CERTIFICATE

Discipline : - Optical		7.8 F-02/(O)	Page 1 of 1
ULR No.:- CC221321000002446F		Date of Request	01.09.2021
Certificate No. : NCL/I/2021/01/01		Date of Receipt of Item	01.09.2021
Calibrated For	M/S. CALYSS CALIBRATION & TESTING Pvt. Ltd.	Calibrated on	01.09.2021
	F-40, Sec-09 Noida, U.P	Suggested Next Due Date	01.09.2022
	Pincode:-201301	Cert. Issue Date	02.09.2021

Description of Sample

Nomenclature	Dig. Illuminance Meter (Lux Meter)	Accuracy	N/A
		Condition of UUC	OK
Make/Model No.	HTC / LX-101A	Calibration Performed at	Lab
Range	0~ 200000 lx	Calibration Procedure No.	CP/O-01
Least count	0.1 / 1 / 10 / 100 lx	Test Purpose	Calibration
S.No.	2123248	Reference Standard	NIST
Party ID Mark No.	CCTPL/MECH/R-1922	Environmental Cond's	25±4 °C
Location	N/A	RH	30-75%

Master Equipment / Standard Used

S.N.	Nomenclature	Make	S.No./ I/D Mark	Calibrated By	Certificate No.	Due Date of Cal
2	Illuminance Meter (2000~20000 lx)	Gossen Germany	0A31225	Transcal	TSC/20-21/4696-1	09-Sep-21

Standard used for calibration are traceable to National Standards through unbroken chain of calibration.

RESULTS

S.N.	Measuring Range lx	Std. Value lx	UUC Value in lx	Error in (%)	Uncertainty (%) ±
1	0~2000	99.9	104.0	4.1	8.2
2	0~2000	556	574	3.2	7.6
3	0~20000	10008	10446	4.4	5.3
4	0~20000	19920	20900	4.9	5.3

Uncertainty expressed at approximately 95% Confidence Level with Coverage factor $k = 2$.

Remarks:

Note:-

1. This results of calibration refers only to the particular item submitted for calibration.
2. This certificate shall not be reproduce,expert in full, without the written permission of the laboratory.
3. Calibration of Illuminance meter is performed by; Using Tungestan Filamenter Lamp by illuminating the light incidance surface at the nominal value of illuminance specified in each case.
4. $V(\lambda)$ spectral response of the meter is not verified
5. The above result are valid at the time of and under the stated condition of measurement.
6. Calibration certificate without signature are not valid.
7. *UUC = Unit under Calibration
8. Statement of Conformity and applicable decision Rule as Standard.
9. Values provided in the certificate/report are average values

Calibrated By

Anil Kumar

Calibration Engineer

Approved By

Yogesh Kumar / Nishant Tyagi

Quality Manager/Technical Manager

TransCal

Measurement to Perfection...

Main Bld. Premises : Centenary Building (G. Flr). Door No. At : 100
W. Park Rd., Between Sampighe Road And Margosa Rd.,
10th Crs., Malleswaram, Bangalore City, Pin – 560003

CC-2231

CALIBRATION CERTIFICATE

Customer Name & Add. : M/s. **Calyss Calibration & Testing Pvt. Ltd.**
F-40, Sector 9, Noida, Uttar Pradesh 201301

Customer's Reference : **SRF No. :** TSC/21-22/13635 **Dated :** 25 Dec 2021

ULR.NO CC223121000120058F

Calibration Certificate Number	Calibrated On	Recommended Calibration Due	Page Number
TSC/21-22/13635-1	25 Dec 2021	25 Dec 2022	1 of 2

Details of device under calibration **Transcal ID** : TSC323809

Nomenclature	: Digital Sound Level Meter	No. of Pages	: 2
Make	: SSEC	Cal Procedure No.	: TSC/CAL/612
Model/Range	: SSM-600	DUC Received	: 25 Dec 2021
Sl No.	: 201002	DUC Condition on Receipt	: Satisfactory
ID No.	: NA	Cal At	: Mechanical Lab

Environmental Conditions : Temperature in °C : 24.6 **Humidity in RH % : 52**

Standards used :

Sl No.	Nomenclature	Make	Model	Sl No/ID.No.	Certificate No.	Validity
1	Sound Level Calibrator	CEM	SC-05	191207642	FCRI/EQL/20-21/410	18 Nov 2022

Note :

1. This Calibration Certificate relates only to the above DUC & Reported results are valid at the time of and under the stated conditions of measurements.
2. Partial Publication/ reproduction of this Certificate in any form is not permitted without the written consent of Transcal.
3. Errors if any , in this Certificate shall be brought to notice within 45 days from the date of this Certificate
4. Measurement Uncertainty reported is at approximately 95 % confidence level with k=2; Units of Measurement results & Measurement Uncertainty are same as that of range selected - Unless otherwise indicated.
5. Calibration of the DUC are traceable to National/International Standards
6. Corrections/erasing, invalidate the Calibration Certificate- exception to the 'Final Page or Part of this Report' provided for incorporation of additional data(To be filled by customer authorized signatory and not under calibration laboratory control).
7. In Result Sheets, 'Pass' indicates measured readings are within specification limit, 'Fail' indicates measured readings areout of specification limit & ' - ' indicates no specification limit furnished.
8. Unless otherwise specified the Measurement Data reported is "As Found"-Without any adjustment .
9. Consider Model or Range whichever is applicable.
10. Nabl-133 guidelines are adopted for use of NABL symbol.

Calibrated By	Checked By	Authorised By
Vishal Shiva P (Calibration Engineer)	Manjunath D J (Lab Incharge)	Manjunath D J (Lab Incharge)

TransCal · Measurement to Perfection

25/01/22

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TEMPSENS

CC-3340

TEMPSENS CALIBRATION CENTRE
A Division of Tempsens Instruments (I) Pvt. Ltd.
B-188A, ROAD NO. 5, M.I.A., UDAIPUR-313003 INDIA
✆ : +91-294-3507715, Fax:+91-294-2492447, 3507731
E-mail : lab@tempsens.com, Website : www.tempsens.com

Calibration Certificate No.: TL/021/1001.1.1
ULR No.: CC284021000005346F

M/S CALYSS CALIBRATION & TESTING PVT. LTD. F - 40, SECTOR - 9, NOIDA -201301, UTTAR PRADESH, INDIA	J.O.NO. : T/221/2/2113011730 Received Date : 02/10/2021 Calibration Date : 02/10/2021 Next Call. Due On : 01/10/2022 Issue Date : 05/10/2021

Sample Description :

Calibration Required At	:-80, -50, 0, 200, 400 & 660 °C
Item	: SSPRT WITH SUPER DAQ INDICATOR
SSPRT Sr. No.	: 05244
Indi. Sr. No.	: 46495014
SSPRT ID No.	: CCTPL/TH/R-1909
Indi. ID No.	: CCTPL/TH/R-1910
SSPRT Make & Model	: FLUKE & 5609
Indi. Make & Model	: FLUKE & 1586A
Temperature Range	: -196 to 660 DEG. C
Length & Dia.	: 450mm & 6mm
Location	: At Lab
Condition of Item	: Satisfactory
Location	: At Lab

Calibration Procedure : The UUC was allowed to be stable at specified temperature points. The reading of Standard and UUC was recorded.This Certificate Format No. F-LAB-6 The report provides the reading and deviation. As per work instruction no. WI-LAB-16 Temperature (in °C) against RTD reading (in Ohms) are calculated by using ASTME-1137/E1137M-04

The UUC has been compared with the following working standards of sensor & measuring instrument.

Standards	Traceable To	Certificate No.	Valid Up to
SSPRT CALSYS-80/50 CALSYS 300 CALSYS 650	TEMPSENS, UDAIPUR	TL/021/493.1.1	28.05.2022
PRECISION THERMOMETER	YMPL, UDAIPUR	YMPL/329553/117617	22.06.2022

The Standards used for calibration is treceable to National / International Standard.
The results of calibration are as under :

Sr. No.	Standard Sensor °C	UUC ohms	Expanded uncertainty (±°C)
1	-80.83	67.3461	0.10
2	-49.98	81.8908	0.10
3	0.02	100.051	0.10
4	199.98	177.4282	0.10
5	399.99	250.0951	0.20
6	660.30	337.6016	0.20

Temperature Scale: ITS - 90 Ambient Temp. : 25±2°C Relative Humidity :50±20%RH

Calibrated By Checked By Certified By
Alpesh Parakh
Technical Manager

Note:
(1) The calibration results reported in this certificate are valid at the time of and under the stated condition of measurement for the particular sample.
(2) The report shall not be reproduced except in full, without written permission of the laboratory
(3) Coverage factor "k"=2 at approx 95.45% confidence level.
(4) Next Calibration Due Date mentioned as per customer requirement

20/01/23

Calyss Calibration & Testing Pvt. Ltd.
Facilities : Mechanical, Thermal, Electrotechnical

Test Certificate

Certificate No.:	CCTPL/08-10/01	Field:	Mechanical
SRF No.:	CCTPL0108/01	Date of Receipt:	13/08/2022
SRF Date:	13/08/2022	Date of Calibration:	13/08/2022
Company Name & Address	Indian Redcross Society	Recommended Due Date.: (As per agreed by customer)	12/08/2023
	Bhubaneswar	Certificate Issue Date:	16/08/2022

DUC* Details

Instrument Name:	Triple Motor Donor Couch	Instrument Sr. No.:	16786
Make:	Imperial Biotech	Instrument Id No.:	----
Model No.:	IDC-03	Location:	----
Range:	0-15 rpm	DUC Condition:	Ok
Readability	1 rpm	Calibration Performed at:	At Site

Environment Condition	Temperature	Humidity	Reference Standard	Calibration Procedure No.
	25±5°C	55±10%RH	-----	CCTPL/ET/MP-015

Calibration Result

Sr. No.	Standrad Reading (rpm)	Duc Reading (rpm)	Error (rpm)	Uncertainity %rdg
1	10.1	10	-0.1	1.6
2	12.5	12	-0.5	1.6
3	15.8	15	-0.8	1.6

Note : DUC* : Device Under Calibration
Uncertainty of measurment at approx 95% Confidence Level with coverage factor k = 2.

Calibrated By : Prerank Sharma, Calibration Engineer

Approved By : M.S.Pal, Director

Note.
1. This Certificate only to the particular instrument submitted for test.
2. This Test Result reported in this certificate valid at the time of and under the stated condition of measurement.
3. This particular certificate can not be reproduce except in full, without prior permission of CCTPL.

---End of Certificate---

20/01/23

0120-4105146 | 9810703533 | 9899899577 info@calyss.in
www.calyss.in F-40, Sector-9, Noida - 201301, UP (India)

Calyss Calyss Calibration & Testing Pvt. Ltd.
Facilities : Mechanical, Thermal, Electrotechnical

Test Certificate

Certificate No.:	CCTPL/08-10/01	Field:	Mechanical
SRF No.:	CCTPL0108/01	Date of Receipt:	13/08/2022
SRF Date:	13/08/2022	Date of Calibration:	13/08/2022
Company Name & Address	Indian Redcross Society	Recommended Due Date.: (As per agreed by customer)	12/08/2023
	Bhubaneswar	Certificate Issue Date:	16/08/2022

DUC* Details

Instrument Name:	Triple Motor Donor Couch	Instrument Sr. No.:	16787
Make:	Imperial Biotech	Instrument Id No.:	----
Model No.:	IDC-03	Location:	----
Range:	0-15 rpm	DUC Condition:	Ok
Readability	1 rpm	Calibration Performed at:	At Site

Environment Condition	Temperature	Humidity	Reference Standard	Calibration Procedure No.
	25±5°C	55±10%RH	------	CCTPL/ET/MP-01S

Calibration Result

Sr. No.	Standrad Reading (rpm)	Duc Reading (rpm)	Error (rpm)	Uncertainity %rdg
1	9.9	10	0.1	1.6
2	11.8	12	0.2	1.6
3	14.6	15	0.4	1.6

Note : DUC* : Device Under Calibration
Uncertainty of measurment at approx 95% Confidence Level with coverage factor k = 2.

Calibrated By : Priyank Sharma
Calibration Engineer

Approved By : M.S.Pal
Director

Note. 1. This Certificate only to the particular instrument submitted for test.
2. This Test Result reported in this certificate valid at the time of and under the stated condition of measurement.
3. This particular certificate can not be reproduce except in full, without prior permission of CCTPL.

"---End of Certificate---

0120-4105146 | 9810703533 | 9899899577 info@calyss.in
www.calyss.in F-40, Sector-9, Noida - 201301, UP (India)

Calyss Calibration & Testing Pvt. Ltd.
Facilities : Mechanical, Thermal, Electrotechnical

Certificate No.:	CCTPL/08-10/03		Date of Calibration:	13/08/2022

CALIBRATION RESULT of Air Flow

Sr. No.	Air Flow in FPM	Mean
1	92	91.80
2	93	
3	91	
4	93	
5	90	

CALIBRATION RESULT of Light

Sr. No.	Lux	Mean
1	755	749.41
2	751	
3	748	
4	743	
5	749	

CALIBRATION RESULT of Sound Test

S. N.	db (Out LAF)	Mean	db (Out LAF)	Mean
1	55.1	55.47	65.3	66.15
2	54.9		65.9	
3	56.3		66.1	
4	55.7		66.3	
5	55.30		67.1	

Note : DUC* : Device Under Calibration
Uncertainty of measurment at approx 95% Confidence Level with coverage factor k = 2.

Calibrated By : Priyank Sharma
Calibration Engineer

Approved By : M.S.Pal
Director

Note. 1. This Certificate only to the particular instrument submitted for calibration.
2. This Calibration Result reported in this certificate valid at the time of and under the stated condition of measurement.
3. This particular certificate can not be reproduce except in full written, without prior permission of CCTPL.

'---End of Certificate---

20/01/23

0120-4105148 | 9810703533 | 9899899577 info@calyss.in
www.calyss.in F-40, Sector-9, Noida - 201301, UP (India)

Calyss
Calyss Calibration & Testing Pvt. Ltd.
Facilities : Mechanical, Thermal, Electrotechnical

Calibration Certificate

Certificate No.:	CCTPL/08-10/03	Field:	Mechanical
SRF No.:	CCTPL0108/01	Date of Receipt:	13/08/2022
SRF Date:	13/08/2022	Date of Calibration:	13/08/2022
Company Name & Address	Indian Redcross Society	Recommended Due Date.:	12/08/2023
	Bhubaneswar	Certificate Issue Date:	16/08/2022

DUC* Details

Instrument Name:	Laminar Air Flow	Instrument S. No. / Class	16788
Make	Imperial Biotech	Location	--------
Model No.	ILAF - 04	Aaccuracy	--------
Range:	Refer to Result	DUC Condition:	Ok
Type	-----	Calibration Performed at:	At Site

MASTER EQUIPMENT USED

Sr. No	Inst. Name	Cert. No.	Cal. By	Cal. Due Date
1	Sound Level Calibrator	TSC/21-22/13635-1	Transcal	25/12/2022
2	Anemometer	EI/FF/1936	ENVIRO	27/09/2022
3	Dust Particle Counter	195809914	Tropec	29/08/2022
4	LUX METER	NCL/2021/01/01	NCL	01/09/2022

ENVIRONMENTAL CONDITIONS

Environment Condition	Temperature	Humidity	Reference Standard	Calibration Procedure No.
	20±2°C	55±10%RH	IS 9779:1981	CCTPL/M/O/19

Sr. No.	Outlet Particle Count at 2.83 LPM Under LAF (Cycle-01)	Outlet Particle Count at 2.83 LPM Under LAF (Cycle-02)	Efficiency
1	0.3 µm	12.0 µm	100.00%
2	0.5 µm	0.0 µm	100.00%
3	1.0 µm	0.0 µm	100.00%
4	2.5 µm	0.0 µm	100.00%
5	5.0 µm	0.0 µm	100.00%
6	10µm	0.0 µm	100.00%

As per the above results of outlet particle counts the efficiency of the hepa filter is 100 % i.e.
The integrity of the hepa filter is absolutely fine

Calibrated By — Priyank Sharma, Calibration Engineer

Approved By : — M.S.Pal, Director

0120-4105146 | 9810703533 | 9899899577 info@calyss.in
www.calyss.in F-40, Sector-9, Noida - 201301, UP (India)

Calyss
Calyss Calibration & Testing Pvt. Ltd.
Facilities : Mechanical, Thermal, Electrotechnical
CC - 3096

Calibration Certificate

ULR No.:	CC309622000002882F		
Certificate No.:	CCTPL/PTB/0430/04	Field:	Thermal
SRF No.:	413/22	Date of Receipt:	13/08/2022
SRF Date:	13/08/2022	Date of Calibration:	13/08/2022
Company Name & Address	Indian Redcross Society Bhubaneswar	Recommended Due Date.: (As per agreed by customer)	12/08/2023
		Certificate Issue Date:	16/08/2022

DUC* Details

Instrument Name:	Plasma Thawing Bath	Instrument Sr. No.:	16785
Make:	Imperial Biotech	Instrument Id No.:	-----
Model No.:	IPTB-01	Location:	-----
Range:	0 to 199.9°C	DUC Condition:	OK
Readability:	0.1 °C	Calibration Performed at:	At Site

Standard Equipments Used(Traceable to National Standard)

Sr. No	Instrument Name	Cert. No	Cal. By	Calibration Due Date
1	SPRT With Super DAQ	TL/021/1001.1.1	Tempsens	01/10/2022

Environment Condition	Temperature	Humidity	Reference Standard	Calibration Procedure No.
	25±5°C	55±10%RH	DKD-R-5-7	CCTPL/TH/CP/05S

Calibration Result

Sr. No.	Nominal Temperature (°C)	Standard Reading (°C)	DUC* Reading (°C)	Deviation (°C)	Expanded Uncertainty ±(°C)
1	20	20.125	20.0	-0.125	0.8
2	50	50.185	50.0	-0.185	0.8
3	100	100.215	100.0	-0.215	0.8
4	190	190.312	190.0	-0.312	0.8

Note : DUC* : Device Under Calibration
Uncertainty of measurment at approx 95% Confidence Level with coverage factor k = 2.

Calibrated By : Priyank Sharma
Calibration Engineer

Approved By : Sandeep Sharma
Director

Note. 1.This Certificate only to the particular instrument submitted for calibration.
2.This Calibration Result reported in this certificate valid at the time of and under the stated condition of measurement.
3.This particular certificate can not be reproduce except in full, without prior permission of CCTPL.

— End of Certificate —

Calyss
Calyss Calibration & Testing Pvt. Ltd.
Facilities : Mechanical, Thermal, Electrotechnical
CC - 3096

Calibration Certificate

ULR No.:	CC309622000002880F		
Certificate No.:	CCTPL/DF/0430/02	Field:	Electrotechnical
SRF No.:	413/22	Date of Receipt:	13/08/2022
SRF Date:	13/08/2022	Date of Calibration:	13/08/2022
Company Name & Address	Indian Redcross Society	Recommended Due Date.: (As per agreed by customer)	12/08/2023
	Bhubaneswar	Certificate Issue Date:	16/08/2022

DUC* Details

Instrument Name:	Platelet Agitator With Incubator	Instrument Sr. No.:	16783
Make:	Imperial Biotech	Instrument Id No.:	-----
Model No. /Type:	IPIA-02	Location:	-----
Range:	20 to 50 °C	DUC Condition:	OK
Readability:	0.1 °C	Calibration Performed at:	At Site

Sr. No	Instrument Name	Cert. No	Cal. By	Calibration Due Date
1	SPRT With Super DAQ	TL/021/1001.1.1	Tempsens	01/10/2022

Environment Condition	Temperature	Humidity	Reference Standard	Calibration Procedure No.
	26.4 °C	54 %RH	IS-1248 & IS 13875	CCTPL/ET/CP-04S

Calibration Result

Sr. No.	Nominal Temperature (°C)	Standard Reading (°C)	DUC* Reading (°C)	Deviation (°C)	Expanded Uncertainty ±(°C)
1	22	22.125	22.0	-0.125	0.6
2	30	30.185	30.0	-0.185	0.6
3	37	37.215	37.0	-0.215	0.6
4	40	40.265	40.0	-0.265	0.6

Note : DUC* : Device Under Calibration

Uncertainty of measurment at approx 95% Confidence Level with coverage factor k = 2

Calibrated By : Priyank Sharma
Calibration Engineer

Approved By : Sandeep Sharma
Director

Note. 1. This Certificate only to the particular instrument submitted for calibration.
2. This Calibration Result reported in this certificate valid at the time of and under the stated condition of measurement.
3. This particular certificate can not be reproduce except in full, without prior permission of CCTPL.

--- End of Certificate ---

20/01/23

0120-4105146 | 9810703533 | 9899899577 info@calyss.in

Calyss Calyss Calibration & Testing Pvt. Ltd.
Facilities : Mechanical, Thermal, Electrotechnical
CC - 3098

Calibration Certificate

ULR No.:	CC309622000002879F		
Certificate No.:	CCTPL/DF/0430/01	Field:	Thermal
SRF No.:	413/22	Date of Receipt:	13/08/2022
SRF Date:	13/08/2022	Date of Calibration:	13/08/2022
Company Name & Address	Indian Redeross Society Bhubaneswar	Recommended Due Date.: (As per agreed by customer)	12/08/2023
		Certificate Issue Date:	16/08/2022

DUC* Details

Instrument Name:	Deep Freezer	Instrument Sr. No.:	16782
Make:	Imperial Biotech	Instrument Id No.:	-------
Model No.:	IPF-500	Location:	-------
Range:	-40 to 0 °C	DUC Condition:	OK
Readability:	1 °C	Calibration Performed at:	At Site

Standard Equipments Used(Traceable to National Standard)

Sr. No	Instrument Name	Cert. No	Cal. By	Calibration Due Date
1	SPRT With Super DAQ	TL/021/1001.1.1	Tempsens	01/10/2022

Environment Condition	Temperature	Humidity	Reference Standard	Calibration Procedure No.
	25±5°C	55±10%RH	DKD-R-5-7	CCTPL/TH/CP/05S

Calibration Result

Sr. No.	Nominal Temperature (°C)	Standard Reading (°C)	DUC* Reading (°C)	Deviation (°C)	Expanded Uncertainty ±(°C)
1	-40	-40.125	-40	0.125	1.65
2	-35	-35.185	-35	0.185	1.65

Note : DUC* : Device Under Calibration
Uncertainty of measurment at approx 95% Confidence Level with coverage factor k = 2.

Calibrated By : Priyank Sharma
Calibration Engineer

Approved By : Sandeep Sharma
Director

Note. 1.This Certificate only to the particular instrument submitted for calibration.
2.This Calibration Result reported in this certificate valid at the time of and under the stated condition of measurement.
3.This particular certificate can not be reproduce except in full, without prior permission of CCTPL.

--- End of Certificate ---

20/01/23

ImperialBiotech

INSTALLATION QUALIFICATION

Item Name : DEEP FREEZER -40^{0}C

- Need to have entry point minimum 3'6" x6'6" (Width X Height)
- Need to have smooth surface flooring
- **Should have Sufficient Air Condition for smooth running of equipment**
- There should not any water connection near the equipment
- Should have 22V,50Hz , single Phase electrical connection with proper earthling facility
- Should have sufficient gap between two equipment for proper ventilation.
- **With our air condition Machine can't be used.**

Sandeep

For Imperial Biotech Private Limited

HELIOS MEDICAL SYSTEMS Kol-67

For Helios Medical Systems

ImperialBiotech

INSTALLATION QUALIFICATION

Item Name : PLATELET AGITATOR WITH INCUBATOR

- Need to have entry point minimum 3'6" x6'6" (Width X Height)
- Need to have smooth surface flooring
- **Should have Sufficient Air Condition for smooth running of equipment**
- There should not any water connection near the equipment
- Should have 22V,50Hz , single Phase electrical connection with proper earthling facility
- Should have sufficient gap between two equipment for proper ventilation.

Sandeep

For Imperial Biotech Private Limited

HELIOS MEDICAL SYSTEMS Kol-67

For Helios Medical Systems

28/07/23

Imperial Biotech

INSTALLATION QUALIFICATION

Item Name : INCUBATOR

- Need to have entry point minimum 2'6" Width
- Need to have smooth surface flooring or Bench
- There should not any water connection near the equipment
- Should have 22V,50Hz , single Phase electrical connection with proper earthling facility
- Should have sufficient gap between two equipment for proper ventilation.

Sandeep

For Imperial Biotech Private Limited

For Helios Medical Systems

20/01/23

ImperialBiotech

INSTALLATION QUALIFICATION

Item Name : Plasma Thawing Bath

- Need to have entry point minimum 2'6" Width
- Need to have smooth surface Bench
- There should water connection near the equipment
- Should have 22V,50Hz , single Phase electrical connection with proper earthling facility
- Should have sufficient gap between two equipment for proper ventilation.
- Should have water outlet facility

For Imperial Biotech Private Limited

For Helios Medical Systems

HELIOS MEDICAL SYSTEMS Kol-67

20/01/23

ImperialBiotech

INSTALLATION QUALIFICATION

Item Name : Laminar Air Flow Bench

- Need to have entry point minimum W-4' X 6'H
- Need to have smooth surface Bench
- There should not have any water connection near the equipment
- Should have 22V,50Hz , single Phase electrical connection with proper earthling facility
- Should have sufficient gap between two equipment for proper ventilation.
- Should 5/15Amp Indian Plug facility

Sandeep

For Imperial Biotech Private Limited

HELIOS MEDICAL SYSTEMS Kol-87

For Helios Medical Systems

20/01/23

ImperialBiotech

INSTALLATION QUALIFICATION

Item Name : Blood Donation Couch (Three Motor)

- Need to have entry point minimum W-4' X 6'H
- Need to have smooth surface Bench
- There should not have any water connection near the equipment
- Should have 22V,50Hz , single Phase electrical connection with proper earthling facility
- Should have sufficient gap between two equipment for proper ventilation.
- Should 5/15Amp Indian Plug facility

For Imperial Biotech Private Limited

HELIOS MEDICAL SYSTEMS Kol-67

For Helios Medical Systems

26/07/23

INSTALLATION QUALIFICATION

Item Name : Reagent Refrigerator Glass Door

- Need to have entry point minimum 3'6" x6'6" (Width X Height)
- Need to have smooth surface flooring
- **Should have Sufficient Air Condition for smooth running of equipment to avoid unwanted moisture**
- There should not any water connection near the equipment
- Should have 22V,50Hz , single Phase electrical connection with proper earthling facility
- Should have sufficient gap between two equipment for proper ventilation.
- **With our air condition Machine can't be used.**

For Helios Medical Systems

20/01/25

Imperial Biotech

DESIGN QUALIFICATION

Item Name : DEEP FREEZER -40°C

Imperial Plasma Freezer provides an ideal freezing environment for the preservation of Plasma and test samples . This unit designed for slayable and uniform temperature of -40°C.

- Capacity 500 litters can be stored 500 Plasma bags of 200ml.
- This equipment is Vertical type
- Outer body made of CRC with heat resistant powder coated paint
- Inner chamber made of Stainless Steel Medical Grade SS304
- Facilitied with 05(Five) separate doors for minimum temperature loss
- Mounted on Lockable castor Wheel
- Having micro processor control system
- Visual and Audio alarm available
- Circular chart recorder inbuilt
- CFC refrigerant used in refrigeration
- High grade PUF insulation 120mm
- Dimension 3'x3'x6' with Door

Sandeep

For Imperial Biotech Private Limited

HELIOS MEDICAL SYSTEMS Kol-67

For Helios Medical Systems

ImperialBiotech

DESIGN QUALIFICATION

Item Name : PLATELET AGITATOR WITH INCUBATOR

Imperial Platlet Agitator with incubator provides an ideal storage environment for the preservation of RDP and SDP . This unit designed for slayable and uniform temperature of 20°C to 22°C

- Capacity 100 litters can be stored 60-70 platelet bags RDP and 18 SDP Bags
- This equipment is Vertical type
- Outer body made of CRC with heat resistant powder coated paint
- Inner chamber made of Stainless Steel Medical Grade SS304
- Facilitied with 02(Two) separate doors for minimum temperature loss One Inner door made of Acrylic and Outer Door of CRCA with Glass window
- Mounted on Lockable castor Wheel
- Having micro processor control system
- Visual and Audio alarm available
- Circular chart recorder inbuilt
- CFC refrigerant used in refrigeration
- High grade PUF insulation 100mm
- Dimension 3'x3'x4'6" with Door

For Imperial Biotech Private Limited

For Helios Medical Systems

HELIOS MEDICAL SYSTEMS K-61-67

20/01/23

ImperialBiotech

DESIGN QUALIFICATION

Item Name : INCUBATOR

Imperial incubator provides an ideal environment for the preservation or Incubation of Blood samples . This unit designed for slayable and uniform temperature of 37^{0}C

- Capacity 70 litters
- This equipment is Vertical type
- Outer body made of CRC with heat resistant powder coated paint
- Inner chamber made of Stainless Steel Medical Grade SS304
- Facilitied with 01(One) doors of CRCA with Glass window
- Mounted on Floor or Bench
- Having PID control system
- Having Two SS 304 Shelves
- Insulation provided for protecting temperature loss
- Dimension 1'6"'x2'x2'" with Door

Sandeep

For Imperial Biotech Private Limited

HELIOS MEDICAL SYSTEMS Kol-67

For Helios Medical Systems

20/01/23

Imperial Biotech

DESIGN QUALIFICATION

Item Name : PLASMA THAWING BATH

Imperial Plasma Thawing bath provides an ideal environment for the thawing frozen Plasma . This unit designed for slayable and uniform temperature of 37^{0}C

- Capacity 70 litters
- This equipment is Horizontal type
- Outer body made of Stainless Steel Medical Grade SS304
- Inner chamber made of Stainless Steel Medical Grade SS304
- Facilitied with 01(One) Stainless Steel Lid
- Mounted on Bench
- Having PID control system
- Having Plasma Bag Thawing rack
- Insulation provided for protecting temperature loss
- Dimension 1'6"'x2'x2'" with lid

Sandeep

For Imperial Biotech Private Limited

HELIOS MEDICAL SYSTEMS Kol-67

For Helios Medical Systems

20/5/23

Imperial Biotech

DESIGN QUALIFICATION

Item Name : LAMINAR AIR FLOW BENCH

Imperial Laminar Air Flow Bench provides an ideal Sterile environment for the separation of Blood Component from whole Blood . This unit designed for slayable and uniform Sterile air circulation through HEPA and PRE Filters

- Capacity 24 Cubic ft
- This equipment is Horizontal type
- Outer body made of CRC with heat resistant powder coated paint
- Inner chamber made of Stainless Steel Medical Grade SS304
- Facilitied with 01(One) doors of Foldable acrylic Door
- Mounted on Floor with castor Wheel
- Having PID control system
- Having Pressure monitoring systems with Red Colur lubricant
- Dimension 5'x3'x5' (LxWxH)

Sandeep

For Imperial Biotech Private Limited

HELIOS MEDICAL SYSTEMS Kol-67

For Helios Medical Systems

25/6/25

ImperialBiotech

DESIGN QUALIFICATION

Item Name : Blood Donation Couch (Three Motor)

Imperial Blood Donation Couch with three motor facility provides an ideal Comfort to the donor during blood donation. This unit facilited with three motor facility . Can be adjusted Head LOW, Leg UP and Height . This unit having separate stand for Blood Collection Monitor, BP instruments and Blood collection materials.

- Capacity to lift 180 Kg
- This equipment is Chair and Bed type as per customer or donor choice
- Outer body made of CRC with heat resistant powder coated paint
- Base covered with PVC materials which are washable
- Seating area with high density good quality Foam
- Facilitated with 01(One) doors of Foldable acrylic Door
- Mounted on Floor with castor Wheel
- Having Remot control system
- Dimension 6'x3'x4' (LxWxH)

Sandeep

For Imperial Biotech Private Limited

HELIOS MEDICAL SYSTEMS KOI-67

For Helios Medical Systems

25/01/23

DESIGN QUALIFICATION

Item Name : Reagent Refrigerator Glass Door

Cold Star Reagent Refrigerator provides an ideal storage environment for the preservation of Reagents, Test Kits and Blood Samples .This unit designed for slayable and uniform temperature of 4^0C.

- Capacity 400 litters can be stored Reagents, Test Kits and Blood Samples
- This equipment is Vertical type
- Outer body made of CRC with Epoxy coated paint
- Inner chamber made of medical grade PVC
- Facilitied with 04(Four) separate shelves with Double paned glass door for minimum temperature loss
- Mounted on Lockable castor Wheel
- Having PID control system
- CFC refrigerant used in refrigeration
- High grade PUF insulation 70mm
- Dimension 2'6"'x2'6"'x6'4" with Door

HELIOS MEDICAL SYSTEMS Kol-67

For Helios Medical Systems

20/01/23

ANAMEC®

ANAMEC INSTRUMENTS PVT. LTD.
AA-1/201-A, Shreepal Industrial Estate Navghar, Vasai (E).
Dist. Palghar - 401 210 (INDIA)
Ph. 91-0250 2390 380 Fax : 91-0250 2390 579.
Email ID : anamec@vsnl.net,info@anamec.com
Websit : www.anamec.com
CIN: U 72200 MH 2005 PTC 155640

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TEST REPORT BY:	: Anamec Instruments Pvt. Ltd., Vasai
TEST REPORT NO.	: 5649
TEST REPORT DATE	: 25/09/2021
NAME OF CUSTOMER	SITE ADDRESS
M/S REMI ELEKTROTECHNIK LTD. BUILDING-"B", SURVEY NO. 65/1, VILLAGE VALIV, NAIK PADA VASAI-E, DIST THANE-401208	M/S REMI ELEKTROTECHNIK LTD. BUILDING-"B", SURVEY NO. 65/1, VILLAGE VALIV, NAIK PADA VASAI-E, DIST THANE-401208

CUSTOMER REF. NO AND DATE	: 24/09/2021.
QUANTITY	: 1 Nos.
CONDITION OF SAMPLE ON RECEIPT	: Satisfactory
TEST METHOD	: Custom Method
STATUS OF CALIBRATION	: Weight Ok

PHYSICAL TEST REPORT

TYPE OF SAMPLE	: BOOLEAN WEIGHT BOX
MAKE	: NAGRA
I.D. NO.	: IWB-02 (N1-A/1645)
SOURCE OF SAMPLE	: ELECTRONIC WEIGHING BALANCE
DATE OF TESTING	: 24/09/2021

CALIBRATION RESULT:

Sr. no.	Std. Weight	Unit	Act. Wt.		Sr. no.	Std. Weight	Unit	Act. Wt.
1	200	g	200.001		1	500	mg	499.98
2	100	g	100.0002		2	200	mg	200.01
3	50	g	50.0001		3	200	mg	200.02
4	20	g	20.0002		4	100	mg	100.02
5	20	g	20.0003		5	50	mg	50.01
6	10	g	10.0001		6	20	mg	20.01
7	5	g	5.0004		7	20	mg	20.01
8	2	g	2.0002		8	10	mg	9.98
9	2	g	2.0004		9	5	mg	5.01
10	1	g	1.0001		10	2	mg	2.01
					11	2	mg	2.03
					12	1	mg	1.02
					13	0.5	mg	0.5

DETAILS OF MASTER CALIBRATION

SR NO		DESCRIPTION	MAKE	CERTIFICATE NO. AND DATE
1		ELECTRONIC WEIGHING BALANCE	NA	91202010330165 Dt 28/09/2020 Valid till 27/09/2021

NOTE
- Sample were not drawn by the laboratory
- The results are valid at the time of performance of test
- No part of report, except in full , shall be reproduced
- The report is valid only when report is printed in Anamec Inst LH with round seal

Date: 26/09/2021 Next Due Date: 24/09/2022 Signature:

PERFECT ELECTRONICS

25/9/21

PHOENIX® Your way to weigh

SUMAN

REMI GROUP

REMI ELEKTROTECHNIK LTD.(INSTRUMENTS DIV.)
VALIV, VASAI (EAST), PALGHAR -401208

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Calibration Certificate

UNIT DESCRIPTION: BLOOD COLLECTION MONITOR MODEL NO.: BCM 10 ULTRA

SR. NO.: ZIBS-7938 CERTIFICATE NO: RMTC - 22 -26

NAME OF CUSTOMER:

ADDRESS OF CUSTOMER:

UNIT CALIBRATION DATE: 30/06/22 CAL. VALIDITY: 29/12/22

DETAILS OF EQUIPMENT USED FOR CALIBRATION: Weight Set ✓

WEIGHT SET CALIBRATION TRACEABILITY DETAILS:

Sr. No.	Description	Certified By	Instrument Id. No.	Certificate No.	Calibration Date	Validity
01	WEIGHT SET	ANAMEC	IW8-02	5649	25/09/21	24/09/22

OBSERVATIONS:

Sr. No.	Actual Weight (gm)	Instrument Weight Displayed (gm)	Weight Difference (gm)	Remark
1	999	998	1	OK
2	600	599	1	OK
3	300	301	1	OK
4	100	100	0	OK
5				

REMARKS: ACCEPTED

NOTE:
1. Calibration Traceable to national standards.
2. Result is related to the item calibrated only.
3. Weight difference permissible is max ± 5gm.

REMI ELEKTROTECHNIK LTD. Instruments D.V. Q.A. VASAI

CALIBRATED BY:

APPROVED BY: Manager Q. A.

20/07/22

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REMI GROUP

WARRANTY CARD

Product Name: Blood Collection Monitor

Model No.: Bcm-10 Ultra

Sr. No.: ZIBS-07938

Date of Purchase: _____

Supplier's Name: _____

Address: _____

_____

Bill / Cash Memo No.: _____ Date : _____

Packed By Checked By Approved By

REMI ELEKTROTECHNIK LTD.
(INSTRUMENTS DIVISION)
Building "B" Survey No. 55/1,
Village Vatiy Vasai (E),
Dist. Palghar - 401 208. INDIA
Tel.: +91 844 601 31 82 to 87
Email: sales@remilabworld.com
Web : www.remilabworld.com

20/10/23

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ANAMEC®

ANAMEC INSTRUMENTS PVT. LTD.
A.A-1/201-A, Shreepal Industrial Estate Navghar, Vasai (E),
Dist. Palghar - 401 210 (INDIA)
Ph. 91-0250 2390 380 Fax : 91-0250 2390 579.
Email ID : anamec@vsnl.net,info@anamec.com
Websit : www.anamec.com
CIN: U 72200 MH 2005 PTC 155640

TEST REPORT BY:	: Anamec Instruments Pvt. Ltd., Vasai
TEST REPORT NO.	: 5649
TEST REPORT DATE	: 25/09/2021
NAME OF CUSTOMER	SITE ADDRESS
M/S REMI ELEKTROTECHNIK LTD.	M/S REMI ELEKTROTECHNIK LTD.
BUILDING-"B", SURVEY NO. 65/1, VILLAGE VALIV,	BUILDING-"B", SURVEY NO. 65/1, VILLAGE VALIV,
NAIK PADA	NAIK PADA
VASAI-E, DIST THANE-401208	VASAI-E, DIST THANE-401208

CUSTOMER REF. NO AND DATE	: 24/09/2021.
QUANTITY	: 1 Nos.
CONDITION OF SAMPLE ON RECEIPT	: Satisfactory
TEST METHOD	: Custom Method
STATUS OF CALIBRATION	: Weight Ok

PHYSICAL TEST REPORT

TYPE OF SAMPLE	: BOOLEAN WEIGHT BOX
MAKE	: NAGRA
I.D. NO.	: BWB-02 (N1-A/1645)
SOURCE OF SAMPLE	: ELECTRONIC WEIGHING BALANCE
DATE OF TESTING	: 24/09/2021

CALIBRATION RESULT:

Sr. no.	Std. Weight	Unit	Act. Wt.	Sr. no.	Std. Weight	Unit	Act. Wt.
1	200	g	200.001	1	500	mg	499.98
2	100	g	100.0002	2	200	mg	200.01
3	50	g	50.0001	3	200	mg	200.02
4	20	g	20.0002	4	100	mg	100.02
5	20	g	20.0003	5	50	mg	50.01
6	10	g	10.0001	6	20	mg	20.01
7	5	g	5.0004	7	20	mg	20.01
8	2	g	2.0002	8	10	mg	9.98
9	2	g	2.0004	9	5	mg	5.01
10	1	g	1.0001	10	2	mg	2.01
				11	2	mg	2.03
				12	1	mg	1.02
				13	0.5	mg	0.5

DETAILS OF MASTER CALIBRATION

SR NO		DESCRIPTION	MAKE	CERTIFICATE NO. AND DATE
1		ELECTRONIC WEIGHING BALANCE	NA	91202010330165 Dt 28/09/2020 Valid till 27/09/2021

NOTE
- Sample were not drawn by the laboratory
- The results are valid at the time of performance of test
- No part of report, except in full , shall be reproduced
- The report is valid only when report is printed in Anamec Inst LH with round seal

Date: 25/09/2021 Next Due Date: 24/09/2022 Signature:

PERFECT ELECTRONICS

20/01/23

PHOENIX® Your way to weigh

SUMAN

REMI GROUP

REMI ELEKTROTECHNIK LTD.(INSTRUMENTS DIV.)
VALIV, VASAI (EAST), PALGHAR -401208

Calibration Certificate

UNIT DESCRIPTION: BLOOD COLLECTION MONITOR MODEL NO.: BCM 10 ULTRA

SR. NO.: ZIBS-7937 CERTIFICATE NO: RMTC - 22 - 25

NAME OF CUSTOMER:

ADDRESS OF CUSTOMER:

UNIT CALIBRATION DATE: 30/06/22 CAL. VALIDITY: 29/12/22

DETAILS OF EQUIPMENT USED FOR CALIBRATION: Weight Set ✓

WEIGHT SET CALIBRATION TRACEABILITY DETAILS:

Sr. No.	Description	Certified By	Instrument Id. No.	Certificate No.	Calibration Date	Validity
01	WEIGHT SET	ANAMEC	IWB-02	5649	25/09/21	24/09/22

OBSERVATIONS:

Sr. No.	Actual Weight (gm)	Instrument Weight Displayed (gm)	Weight Difference (gm)	Remark
1	999	998	1	OK
2	600	599	1	OK
3	300	301	1	OK
4	100	100	0	OK
5				

REMARKS: ACCEPTED

NOTE:
1. Calibration Traceable to national standards.
2. Result is related to the item calibrated only.
3. Weight difference permissible is max ± 5gm.

REMI ELEKTROTECHNIK LTD. Instruments Div. Q.A. VASAI

CALIBRATED BY:

APPROVED BY: Manager Q. A.

28/12/22

REMI GROUP

WARRANTY CARD

Product Name: Blood Collection Monitor

Model No.: BCM-10ultra

Sr. No.: ZIBS-07937

Date of Purchase: _____

Supplier's Name: _____

Address: _____

_____

Bill / Cash Memo No.: _____ Date : _____

Packed By Checked By Approved By

REMI ELEKTROTECHNIK LTD.
(INSTRUMENTS DIVISION)
Building "B" Survey No. 65/1,
Village: Valiv Vasai (E),
Dist. Palghar - 401 208. INDIA
Tel.: +91 844 601 31 82 to 87
Email: sales@remilabworld.com
Web : www.remilabworld.com

20/01/23

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HELIOS MEDICAL SYSTEMS

105/1, Bidhan Nagar Road, Suncity Commercial Complex
2nd Floor, Office No: F5, Kolkata- 700 067
Mail: heliosmedicalsystems @gmail.com

SATISFACTORY INSTALLATION CERTIFICATE (SIC)

Installation No : HMS/EQUIP/ODISHA/ 04 Date: 12.09.2022

1. Place of Equipment Receiving & Installed

Order Placed By	Name of the department of actual Installation
Honorary Secretary, IRCS-Odisha State Branch Red Cross Bhawan, Bhubaneswar- 751022	IRCS- Blood Centre , Red Cross Bhawan, Bhubaneswar- 751022

2. Details of Purchase order & Supplier Name

Purchase Order Number	Supplier Details	Supply Details
844 RC-132/2020 Date 18.06.2022	Helios Medical Systems , Kolkata-700 067	Supplied Vide Challan No: HMS/4798 Date : 24.08.2022 Delivered on : 25.08.2022

3. Details of Equipment

Equipment Name	Make	Model	Qty	Serial No
PLASMA THAWING BATH 37°C	Imperial Biotech	IPTB-01	01(One)	16785
With NABL Accredited Lab Calibration Certificate				
With Warranty Certificate				

4. Details of Accessories

Sl	Name of Accessories	Qty	Serial No	Remarks
01	User Manual	01(ONE)	NA	Supplied
01	Plasma Bag Holder	01(ONE)	NA	Supplied

5. Demonstration Details

Sl	Name of Participants	Designation	Contact No	Signature

6. Details of Warranty & Installation

Date of Installation	Warranty Starts from	Warranty End on	Total Warranty as per order
12.09.2022	12.09.2022	10.09.2025	3 Years (Thirty Six Month)

CERTIFICATION: - Certified that the above mentioned equipment received in good condition and has been installed at our Blood Bank along with all the standard accessories successfully. Satisfactory installation & demonstration and proper training have been imparted at our Institution. The above mentioned equipment is working satisfactorily

Signature of Technical Person Bidder

Signature of Technical Person Manufacturer

Signature of HOD/In Charge Institute / Blood Bank/Hospital

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HELIOS MEDICAL SYSTEMS

105/1, Bidhan Nagar Road, Suncity Commercial Complex
2nd Floor, Office No: F5, Kolkata- 700 067
Mail: heliosmedicalsystems @gmail.com

SATISFACTORY INSTALLATION CERTIFICATE (SIC)

Installation No : HMS/EQUIP/ODISHA/ 01 Date: 12.09.2022

1. Place of Equipment Receiving & Installed

Order Placed By	Name of the department of actual Installation
Honorary Secretary, IRCS-Odisha State Branch Red Cross Bhawan, Bhubaneswar- 751022	IRCS- Blood Centre , Red Cross Bhawan, Bhubaneswar- 751022

2. Details of Purchase order & Supplier Name

Purchase Order Number	Supplier Details	Supply Details
844 RC-132/2020 Date 18.06.2022	Helios Medical Systems , Kolkata- 700 067	Supplied Vide Challan No: HMS/4798 Date : 24.08.2022 Delivered on : 25.08.2022

3. Details of Equipment

Equipment Name	Make	Model	Qty	Serial No
DEEP FREEZER -40°C, 500Ltr	Imperial Biotech	IPF-500	01(One)	16782
With NABL Accredited Lab Calibration Certificate				
With Warranty Certificate				

4. Details of Accessories

Sl	Name of Accessories	Qty	Serial No	Remarks
01	Servo Control Stabilizer with Display	01(one)	17610	
02	Circular Chart Paper with 04 Pen	300Pcs)	—	
03	Door Key (One) Set 02 nos	02 (two)	—	
04	User Manual	01(one)	—	

5. Demonstration Details

Sl	Name of Participants	Designation	Contact No	Signature

6. Details of Warranty & Installation

Date of Installation	Warranty Starts from	Warranty End on	Total Warranty as per order
12.09.2022	12.09.2022	10.09.2025	3 Years (Thirty Six Month)

CERTIFICATION: - Certified that the above mentioned equipment received in good condition and has been installed at our Blood Bank along with all the standard accessories successfully. Satisfactory installation & demonstration and proper training have been imparted at our Institution. The above mentioned equipment is working satisfactorily

Signature of Technical Person
Bidder

Signature of Technical Person
Manufacturer

Signature of HOD/In Charge
Institute / Blood Bank/Hospital

HELIOS MEDICAL SYSTEMS Kol-67

20/01/23

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HELIOS MEDICAL SYSTEMS

105/1, Bidhan Nagar Road, Suncity Commercial Complex
2nd Floor, Office No: F5, Kolkata- 700 067
Mail: heliosmedicalsystems @gmail.com

SATISFACTORY INSTALLATION CERTIFICATE (SIC)

Installation No : HMS/EQUIP/ODISHA/ 06 Date: 12.09.2022

1. **Place of Equipment Receiving & Installed**

Order Placed By	Name of the department of actual Installation
Honorary Secretary, IRCS-Odisha State Branch Red Cross Bhawan, Bhubaneswar- 751022	IRCS- Blood Centre , Red Cross Bhawan, Bhubaneswar- 751022

2. **Details of Purchase order & Supplier Name**

Purchase Order Number	Supplier Details	Supply Details
844 RC-132/2020 Date 18.06.2022	Helios Medical Systems , Kolkata- 700 067	Supplied Vide Challan No: HMS/4798 Date : 24.08.2022 Delivered on : 25.08.2022

3. **Details of Equipment**

Equipment Name	Make	Model	Qty	Serial No
BLOOD DONOR COUCH (3 MOTOR)	Imperial Biotech	IDC-03	02(TWO)	16786 /16787
With NABL Accredited Lab Calibration Certificate				
With Warranty Certificate				

4. **Details of Accessories**

Sl	Name of Accessories	Qty	Serial No	Remarks
01	User Manual	01(ONE)	NA	Supplied
02	Stand and Tray holder for BCM,BP Machine , Phlebotomy material and Saline Stand	01(ONE) 01 (ONE)	NA	Supplied

5. **Demonstration Details**

Sl	Name of Participants	Designation	Contact No	Signature

6. **Details of Warranty & Installation**

Date of Installation	Warranty Starts from	Warranty End on	Total Warranty as per order
12.09.2022	12.09.2022	10.09.2025	3 Years (Thirty Six Month)

CERTIFICATION: - Certified that the above mentioned equipment received in good condition and has been installed at our Blood Bank along with all the standard accessories successfully. Satisfactory installation & demonstration and proper training have been imparted at our Institution. The above mentioned Both equipment are working satisfactorily

Chakraborty

Signature of Technical Person Bidder

Sandeep

Signature of Technical Person Manufacturer

12/9/22

Signature of HOD/In Charge Institute / Blood Bank/Hospital

HELIOS MEDICAL SYSTEMS Kol-67 105/1 Bidhannagar Road

26/01/23

HELIOS MEDICAL SYSTEMS

105/1, Bidhan Nagar Road, Suncity Commercial Complex
2nd Floor, Office No: F5, Kolkata- 700 067
Mail: heliosmedicalsystems @gmail.com

SATISFACTORY INSTALLATION CERTIFICATE (SIC)

Installation No : HMS/EQUIP/ODISHA/ 03 Date: 12.09.2022

1. Place of Equipment Receiving & Installed

Order Placed By	Name of the department of actual Installation
Honorary Secretary, IRCS-Odisha State Branch Red Cross Bhawan, Bhubaneswar- 751022	IRCS- Blood Centre , Red Cross Bhawan, Bhubaneswar- 751022

2. Details of Purchase order & Supplier Name

Purchase Order Number	Supplier Details	Supply Details
844 RC-132/2020 Date 18.06.2022	Helios Medical Systems , Kolkata- 700 067	Supplied Vide Challan No: HMS/4798 Date : 24.08.2022 Delivered on : 25.08.2022

3. Details of Equipment

Equipment Name	Make	Model	Qty	Serial No
INCUBATOR	Imperial Biotech	INC-01	01(One)	16784
With NABL Accredited Lab Calibration Certificate				
With Warranty Certificate				

4. Details of Accessories

Sl	Name of Accessories	Qty	Serial No	Remarks
01	User Manual	01(ONE)	NA	Supplied

5. Demonstration Details

Sl	Name of Participants	Designation	Contact No	Signature

6. Details of Warranty & Installation

Date of Installation	Warranty Starts from	Warranty End on	Total Warranty as per order
12.09.2022	12.09.2022	10.09.2025	3 Years (Thirty Six Month)

CERTIFICATION: - Certified that the above mentioned equipment received in good condition and has been installed at our Blood Bank along with all the standard accessories successfully. Satisfactory installation & demonstration and proper training have been imparted at our Institution. The above mentioned equipment is working satisfactorily

Signature of Technical Person Bidder

HELIOS MEDICAL SYSTEMS Kol-67 105/1, Bidhannagar Road

Signature of Technical Person Manufacturer

Signature of HOD/In Charge Institute / Blood Bank/Hospital

HELIOS MEDICAL SYSTEMS

105/1, Bidhan Nagar Road, Suncity Commercial Complex
2nd Floor, Office No: F5, Kolkata- 700 067
Mail: heliosmedicalsystems @gmail.com

SATISFACTORY INSTALLATION CERTIFICATE (SIC)

Installation No : HMS/EQUIP/ODISHA/ 02 Date: 12.09.2022

1. Place of Equipment Receiving & Installed

Order Placed By	Name of the department of actual Installation
Honorary Secretary, IRCS-Odisha State Branch Red Cross Bhawan, Bhubaneswar- 751022	IRCS- Blood Centre , Red Cross Bhawan, Bhubaneswar- 751022

2. Details of Purchase order & Supplier Name

Purchase Order Number	Supplier Details	Supply Details
844 RC-132/2020 Date 18.06.2022	Helios Medical Systems , Kolkata- 700 067	Supplied Vide Challan No: HMS/4798 Date : 24.08.2022 Delivered on : 25.08.2022

3. Details of Equipment

Equipment Name	Make	Model	Qty	Serial No
Platelet Incubator with Inbuilt Agitator	Imperial Biotech	IPIA-02	01(One)	16783
With NABL Accredited Lab Calibration Certificate				
With Warranty Certificate				

4. Details of Accessories

Sl	Name of Accessories	Qty	Serial No	Remarks
01	Servo Control Stabilizer with Display	01 (One)	5294	
02	Circular Chart Paper with 04 pen	300 (Three)	—	
03	Door Key (One) Set 02 nos	02 (Two)	—	
04	User Manual	01 (One)	—	

5. Demonstration Details

Sl	Name of Participants	Designation	Contact No	Signature

6. Details of Warranty & Installation

Date of Installation	Warranty Starts from	Warranty End on	Total Warranty as per order
12.09.2022	12.09.2022	10.09.2025	3 Years (Thirty Six Month)

CERTIFICATION: - Certified that the above mentioned equipment received in good condition and has been installed at our Blood Bank along with all the standard accessories successfully. Satisfactory installation & demonstration and proper training have been imparted at our Institution. The above mentioned equipment is working satisfactorily

Signature of Technical Person Bidder

HELIOS MEDICAL SYSTEMS Kol-67 105/1, Bidhannagar Road

Signature of Technical Person Manufacturer

12/9/22

Signature of HOD/In Charge Institute / Blood Bank/Hospital

20/9/22

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HELIOS MEDICAL SYSTEMS

105/1, Bidhan Nagar Road, Suncity Commercial Complex
2nd Floor, Office No: F5, Kolkata- 700 067
Mail: heliosmedicalsystems @gmail.com

SATISFACTORY INSTALLATION CERTIFICATE (SIC)

Installation No : HMS/EQUIP/ODISHA/ 07

Date: 12.09.2022

1. Place of Equipment Receiving & Installed

Order Placed By	Name of the department of actual Installation
Honorary Secretary, IRCS-Odisha State Branch Red Cross Bhawan, Bhubaneswar- 751022	IRCS- Blood Centre , Red Cross Bhawan, Bhubaneswar- 751022

2. Details of Purchase order & Supplier Name

Purchase Order Number	Supplier Details	Supply Details
844 RC-132/2020 Date 18.06.2022	Helios Medical Systems , Kolkata- 700 067	Supplied Vide Challan No: HMS/4318 Date : 13.08.2022 Delivered on : 17.08.2022

3. Details of Equipment

Equipment Name	Make	Model	Qty	Serial No
VERTICAL REAGENT REFRIGERATOR	COLD STAR	CSUF-400	01(One)	400WB20220102001
With Calibration Certificate				
With Warranty Certificate				

4. Details of Accessories

Sl	Name of Accessories	Qty	Serial No	Remarks
	USER MANUAL	01 (ONE)	—	

5. Demonstration Details

Sl	Name of Participants	Designation	Contact No	Signature

6. Details of Warranty & Installation

Date of Installation	Warranty Starts from	Warranty End on	Total Warranty as per order
12.09.2022	12.09.2022	10.09.2025	3 Years (Thirty Six Month)

CERTIFICATION: - Certified that the above mentioned equipment received in good condition and has been installed at our Blood Bank along with all the standard accessories successfully. Satisfactory installation & demonstration and proper training have been imparted at our Institution. The above mentioned equipment is working satisfactorily

Signature of Technical Person Bidder

HELIOS MEDICAL SYSTEMS KOLKATA

Signature of Technical Person Manufacturer

Signature of HOD/In Charge Institute / Blood Bank/Hospital

20/01/23

HELIOS MEDICAL SYSTEMS

105/1, Bidhan Nagar Road, Suncity Commercial Complex
2nd Floor, Office No: F5, Kolkata- 700 067
Mail: heliosmedicalsystems @gmail.com

SATISFACTORY INSTALLATION CERTIFICATE (SIC)

Installation No : HMS/EQUIP/ODISHA/ 05

Date: 12.09.2022

1. Place of Equipment Receiving & Installed

Order Placed By	Name of the department of actual Installation
Honorary Secretary, IRCS-Odisha State Branch Red Cross Bhawan, Bhubaneswar- 751022	IRCS- Blood Centre , Red Cross Bhawan, Bhubaneswar- 751022

2. Details of Purchase order & Supplier Name

Purchase Order Number	Supplier Details	Supply Details
844 RC-132/2020 Date 18.06.2022	Helios Medical Syatems , Kolkata- 700 067	Supplied Vide Challan No: HMS/4798 Date : 24.08.2022 Delivered on : 25.08.2022

3. Details of Equipment

Equipment Name	Make	Model	Qty	Serial No
LAMINAR AIR FLOW BENCH	Imperial Biotech	ILAF-04	01(One)	16788
With NABL Accredited Lab Calibration Certificate				
With Warranty Certificate				

4. Details of Accessories

Sl	Name of Accessories	Qty	Serial No	Remarks
01	User Manual	01(ONE)	NA	Supplied
02	Voltage Stabilizer	01(one)	529/19 8067806398	

5. Demonstration Details

Sl	Name of Participants	Designation	Contact No	Signature

6. Details of Warranty & Installation

Date of Installation	Warranty Starts from	Warranty End on	Total Warranty as per order
12.09.2022	12.09.2022	10.09.2025	3 Years (Thirty Six Month)

CERTIFICATION: - Certified that the above mentioned equipment received in good condition and has been installed at our Blood Bank along with all the standard accessories successfully. Satisfactory installation & demonstration and proper training have been imparted at our Institution. The above mentioned equipment is working satisfactorily

Signature of Technical Person Bidder

Signature of Technical Person Manufacturer

Signature of HOD/In Charge Institute / Blood Bank/Hospital

HELIOS MEDICAL SYSTEMS

[illegible]
[illegible]

Memo no- HMS/22-23/ Date: 12-09-2022

TO
THE HONORARY SECRETOTY,
IRCS-ODISHA STATE BRANCH,
RED CROSS BHAVAN, UNIT- IX,
PANDIT JAWAHARLAL NEHERU MARG,
BHUBANESWAR, ODISHA,
PIN CODE- 751022

Sub- Warranty Declaration

Respected Sir/Madam,

As per the tender terms and conditions, we are providing the warranty period for 03 (Three) years from the date of installation of the supplied equipment as provided by us and the OEM. The warranty does not cover any type of liquid damage, physical damage, mishandling with electrical fault and natural calamities, while inspection if any of the above mentioned damage is noted, repairing / replacement will be chargeable, for the below mentioned items.

SL No	Description of the Equipment	Make and Model	Serial No.	Quantity	Installation on
1	Deep Freezer -40°C	Imperial Biotech IPF-500	15732	01(one) pc	12/09/22
2	Platelet Incubator with inbuilt agitator	Imperial Biotech IPIA-02	15733	01(one) pc	12/09/22
3	Incubator	Imperial Biotech INC-01	15734	01(one) pc	12/09/22
4	Plasma Thawing Bath	Imperial Biotech IPTB-01	15735	01(one) pc	12/09/22
5	Blood Donor Couch	Imperial Biotech IDC-03	15736 15737	02(two) pcs	12/09/22
6	Laminar Airflow Bench	Imperial Biotech ILAF-04	15738	01(one) pc	12/09/22
7	Vertical Reagent Refrigerator (400 lit)	Coldstar CSUF-400	400WB20220102001	01(one) pc	12/09/22

Further we state that the warranty does not include any consumables or accessories as related to the equipment, and the service of the equipment will be covered directly by Helios Medical Systems after warranty.

Thanking you,
With regards

20/01/23

ANANTA

ANANTA PHARMACEUTICALS & CHEMICALS

SATISFACTORY INSTALLATION CERTIFICATE (SIC)

1.PLACE OF INSTALLATION

NAME OF The Institution	NAME OF DEPARTMENT OF ACTUAL INSTALLATION
The CTM. Suguna, IAS ② Honory Secretary, IRCS-Odisha State Branch, Bhubaneswar, Odisha.	The IRCS-OSB. Blood Bank, Bhubaneswar, Odisha.

2. DETAILS OF PURCHASE ORDER & INVOICE

Purchase Order No. / Letter No. with Date.:	Supplier's Challan No. with Date	Supplier's Invoice No. with Date
845 RC-132/2020 Dated: - 18.06.2022		1559/22-23, Date:-29.08.2022

3. DETAILS OF EQUIPMENT

Equipment Name:	Quantity	Make / Manufacturer:	Model:
Dielectric Tube Sealer, Handheld	01 nos	Make: - Labtop Instruments Pvt. Ltd., Mumbai, India.	Model: - LTS-6

Serial / Batch No	220810510

4. DETAILS Of Accessories/Consumables/Spare parts.: - Dielectric Tube Sealer, Handheld

SL No	Description of items	Quantity:	Serial / Batch no	Not supplied / Remarks
1	Dielectric Tube Sealer, Handheld	01 nos	220810510	Yes Supplied
2				

5. DEMONSTRATION & TRAINING DETAILS:

The following operators / end users have been demonstrated & trained to operate the equipment

SL NO	Name	Designation	Contact Number	Signature
01				
02				
03				

6. DETAILS OF INSTALLATION / COMMISSIONING / WARRANTY:

Date of Installation/ Commissioning and Comprehensive Warranty Start Date	Comprehensive Warranty End Date	*Warranty period (in yr)*	Period of Training (in Days)
13.09.2022	12.09.2025	*03 Years*	ONE DAY

7. CERTIFICATION:

Full Signature of Authorized End user / Head of Dept.

7. DETAILS OF SUPPLIER & SIGNATURE OF HEAD OF THE INSTITUTION:

Name of the Supplier:	Ananta Pharmaceuticals & Chemicals		
Address of Regional Service center:	Ground floor, Ananta Nivas, 1st Lane, Baikuntha Nagar, New Bus Stand Road, Berhampur-01, Ganjam, Odisha.		
Details of Regional Service Manager:	Name: Debasis Pahinipaty Mob No.: 943[illegible]91 Email Id: anantapharmaceuticals@rediffmail.com anantapharmaceuticals@gmail.com		
Details of Service Engineer with company seal:	Signature: Name: Mob No.: Email Id:	Signature & Name of Authorized End user / Head of Dept. with date & Seal:	Signature & Name of Head of the Institution with date & Seal:

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THROUGH HUMANITY TO PEACE

ଭାରତୀୟ ରେଡ୍‌କ୍ରସ୍ ସୋସାଇଟି, ଓଡ଼ିଶା ରାଜ୍ୟ ଶାଖା

Indian Red Cross Society
Odisha State Branch

Letter No 845 RC-132/2020 Date 18.06.2022

From
CTM Suguna, IAS(R)
Honorary Secretary
IRCS-Odisha State Branch

To
M/s Ananta Pharmaceuticals & Chemicals,
A-2-204, Shreekhetra Residency,
Behind Shanee Temple, Aiginia, Bhubaneswar

Sub: Offer letter for supplying equipments for proposed blood bank at Bhubaneswar & CRCBC, Cuttack in pursuance to Tender Call Notice advertised on 26.04.2022

Madam Sir,

Your tender s has/have been found as the lowest bidder in case of the following equipments required for proposed blood bank at Bhubaneswar & CRCBC, Cuttack. You are required to execute the Contract as mentioned at Clause 6.26 of the Tender Call Notice. You have to submit the Performance Security as per Clause 6.27 , Delivery and installation of equipments shall be guided by Clause 6.28, Payment shall be made as per Clause 6.29., After Sales Service and Guarantee/Warrantee shall be regulated as per Clauses 6.30 & 6.31 respectively. You have to submit separate agreements for Bhubaneswar & Cuttack before delivery of equipments as per requirement. Payment shall be made against the supplies to Bhubaneswar & Cuttack separately upon receiving invoice as per conditions specified. Prices are excusive of GST, which will be charges upon raising invoices.

List of Equipment to be provided to IRCS-OSB, Bhubaneswar & CRCBC, Cuttack

Sl	Name of the Equipment	QTY (Approx.) for Bhubaneswar	QTY (Approx.) for Cuttack	Original Price in tender (In INR) exl. GST	Negotiated Price (In INR) exl. GST
01	Dielectric Tube Sealer, Handheld	01	0	96,621/-	96,621/- No change

Yours faithfully,

Honorary Secretary

20/06/23

TRANSASIA®

INSTALLATION & TRAINING REPORT

Customer Name : INDIAN RED CROSS SOCIETY, ODISHA BRANCH

Department :

Address : RED CROSS BHAWAN, 7RJP + H8C, Unit -

City : BHUBANESWAR Pin : 751022 State : ODISHA

Territory : BHUBANESWAR-1 Zone : E24

Telephone & Fax : email :

Contact Person : Akshya Ku. Deh MobileNo. : 9861413360

Instrument Model: ECL-412 Sr. No. : 0634-41-180221

Installation Date : 26-09-2022

The above mentioned instrument has been satisfactorily installed by Service Engineer / Product Specialist of Transasia Bio-Medicals Ltd. Operational Training & User Maintenance of the instrument was provided to the following staff members on date (s) : .....

Name (s)	Designation/ Dept.
1. Akshya Ku. Deh	TCM
2.	
3.	

Test/ Parameters Demonstrated :

Customer Comments (If any) :

Engineer / Product Specialist : Engineer

Signature :

Name : Soumya Ranjan Rautaray

Date : 26-09-2022

Customer Signature :

Customer Name : Akshya Ku Deh

Designation : TCM

Customer Seal :

Arbitration Clause

All disputes, Differences, controversies and questions directly or indirectly arising at any time under, out of, in connection with or in relation to the payment of this instrument / reagents / service shall be referred to the sole arbitrator to be appointed by Transasia Bio-Medicals Limited under the Arbitration and Conciliation Act 1996. The venue and seat of arbitration shall be at Mumbai. The award rendered by the arbitrator(s) shall be final and binding upon both Parties.

28/9/22

THROUGH HUMANITY TO PEACE

ଭାରତୀୟ ରେଡ୍‌କ୍ରସ୍ ସୋସାଇଟି, ଓଡ଼ିଶା ରାଜ୍ୟ ଶାଖା

Indian Red Cross Society

Odisha State Branch

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Letter No 843 RC- 132/2020 Date 18 06 2022

From
CTM Suguna, IAS(R)
Honorary Secretary
IRCS-Odisha State Branch

To
M/s Transasia Bio-Medicals Limited,
Transasia House, 8, Chandivali Studio Road,
Andheri (E), Mumbai-400072

Sub Offer letter for supplying equipments for proposed blood bank at Bhubaneswar & CRCBC, Cuttack in pursuance to Tender Call Notice advertised on 26.04.2022.

Madam/Sir,

Your tender/s has/have been found as the lowest bidder in case of the following equipments required for proposed blood bank at Bhubaneswar & CRCBC, Cuttack. You are required to execute the Contract as mentioned at Clause 6.26 of the Tender Call Notice. You have to submit the Performance Security as per Clause 6.27 , Delivery and installation of equipments shall be guided by Clause 6.28, Payment shall be made as per Clause 6.29., After Sales Service and Guarantee/Warrantee shall be regulated as per Clauses 6.30 & 6.31 respectively. You have to submit separate agreements for Bhubaneswar & Cuttack before delivery of equipments as per requirement. Payment shall be made against the supplies to Bhubaneswar & Cuttack separately upon receiving invoice as per conditions specified. Prices are excusive of GST, which will be charges upon raising invoices.

List of Equipment to be provided to IRCS-OSB, Bhubaneswar & CRCBC, Cuttack.

Sl.	Name of the Equipment	QTY (Approx.) for Bhubaneswar	QTY (Approx.) for Cuttack	Original Price in tender (In INR) exl. GST	Negotiated Price (In INR) exl. GST
01	Semi Automated Coagulation Analyser	01	0	1,58,000/-	1,56,420/-
02	Cell Counter	0	01	2,49,800/-	2,47,300/-

Yours faithfully,

Honorary Secretary 18/06

20/6/22

DETAILS IF EQUIPMENT FOR REGIONAL RED CROSS BLOOD CENTRE, BHUBANESWAR					
Sl.	Equipment Details	Make	Qty	Model No/Capacity	Calibration Status
1	Heamoglobino meter	Haemoque	1	HB-210	Calibrated
2	Blood Donor Couch (3 Motor)	Imperial Biotech	2	IDC-03	Calibrated
3	Blood Collection Monitor	REMI	2	BCM10 Ultra	Calibrated
4	Bech top tube Sealer	Terumo Penpol	1	XS1010E	Calibrated
5	Blood Bag tube Stripper	Terumo Penpol	1	IDC03	Calibrated
6	Needle Destroyer	Lab Care	1	Olmpous	NR
7	Microscope	Lab Care	1	Olmpous	NR
8	Laboratory Centrifuge	Remi	1	RC08	Calibrated
9	Incubator	Imperial Biotech	1	INC-01	Calibrated
10	Reagent Refrigerator	Cold Star	1	CSUF-400	Calibrated
11	Elisa Reader with Washer	J Mitra	1	ER181 & EW181	Calibrated
12	Blood Bank refrigerator	Terumo Penpol	2	BR360	Calibrated
13	Deep Freezer -40 DegC	Imperial Biotech	1	IPF500	Calibrated
14	Deep Freezer -80 DegC	Terumo Penpol	1	DF80U400	Calibrated
15	Laminar Air Flow Bench	Imperial Biotech	1	ILAF-04	Calibrated
16	Platelet Agitaor with Incubator	Imperial Biotech	1	IPIA-02	Calibrated
17	Plasma Thawaing Bath	Imperial Biotech	1	IPTB-01	Calibrated
18	Refrigerated Centrifuge 12 Bkt	Imperial Biotech	1	IBC-12	Calibrated
19	Double Pan Balance	Imperial Biotech	1	IPB-01	Calibrated
20	Portable Tube Sealer	Lab Top	1	XS1010E	Calibrated
21	Hot Air Oven	Remi	1	IH-01	Calibrated
22	Horizaental Auto Clave	Narayan Industry	1	INH-01	Calibrated

20/01/23

REGIONAL BLOOD CENTRE, IRCS BHUBANESWAR

STANDARD OPERATING PROCEDURE

Number SP0031	Effective Date	Pages 1-3	Authorized By
Date	Review Period 1Year	No of Copies	Approved By

LOCATION Quality Control Laboratory Function Optimum Storage of Consumables, Reagents and Kits	Subject Optimum Quality Assurance Distribution - Supervisor in charge of Donor Room - Supervisor - Red Cell Serology Laboratory - Supervisor - TTI Testing Laboratory - Supervisor - Quality Control Laboratory - Master File

1. SCOPE & APPLICATION

The quality assurance system requires that all the reagents used for various test procedures are stored according to the manufacturer's instructions. Any lacunae in the storage conditions, reduces the affectivity of the reagents.

2. RESPONSIBILITY

It is the responsibility of all the staff members of different laboratories to store all the reagents and kits as per manufacturer's instructions.

3. MATERIALS REQUIRED

- Domestic refrigerator
- Blood bank refrigerator
- Deep Freezer
- A.C. Store room
- Stock register or stock cards

Annex-10

4. PROCEDURE

(a) Donor Room:

(i) Store disinfectants for preparation of phlebotomy sites at room temperature (22^0C-25^0C) in the donor room

(ii) Store blood collection bags and apheresis sets in airconditioned room (22^0 C- 25^0C).

(b) Red Cell Serology Laboratory (RCS):

(i) Store ABO reagents Anti A, Anti-B, Anti AB, Anti D, bovine albumin, antihuman globulin, pooled A,B, and O red blood cells, papain and cystein powder in the cold room maintained at 4^0 - 6^0C or as per manufacturer's instructions.

(ii) Store 10ml aliquots of papain-cystein in the Deep Freezer at 70^0C in RCS laboratory.

(c) Transfusion Transmissible Infections Testing (TTI):

Store Kits for HBsAg, HIV, HCV and VDRL at 4^0C-6^0C in the blood bank refrigerator in the TTI Laboratory or as per manufacturer's instructions.

(d) Quality Control Laboratory(QC):

(i) Store Kits for Factor VIII assay at 4^0 -6^0C in the QC laboratory or as per manufacturer's instructions.

(ii) Store Copper sulphate stock and working solutions, 0.9% normal saline, and 00distilled water at RT (22^0 -25^0C) in the QC laboratory.

(iii) Store chemicals like copper sulphate, sodium chloride and calcium chloride 00powders at RT (22^0 -25^0C) in the QC laboratory.

5. DOCUMENTATION

- Maintain a stock register for all reagents.
- On receipt, make entries of number of vials/kits received, name of manufacturer, batch number and expiry date in this register.
- Issue the reagents for use, only after a QC check is performed.
- Enter all issue records in the stock register.
- Order all reagents/kits, no sooner the critical level is reached.

N.B.:

20/6/23

Critical level for all reagents/kits is normally adjusted as per the requirement of reagents, as well as the time taken by the procurement procedure to ensure that reagents are received before the stock in use is exhausted. The new batch received should be tested against the batch in use.

REGIONAL BLOOD CENTRE, IRCS BHUBANESWAR

STANDARD OPERATING PROCEDURE

Number SP0032	Effective Date	Pages 1-9	Authorized By
Date	Review Period 1Year	No of Copies	Approved By

LOCATION Serology Laboratory Function Daily Quality Control of ABO & Rh Blood group reagents	Subject Quality Control - To ensure reliability and reproducibility of blood group results Distribution - Supervisor Incharge Red Cell Serology Laboratory -Master File

1. **SCOPE & APPLICATION:**

This Standard Operating Procedure (SOP) provides the daily checks on blood group reagents to ensure reliability and reproducibility of blood group results.

2. **RESPONSIBILITY:**

It is the responsibility of the technician / supervisor in the red cell serology laboratory to ensure that quality controlled reagents and proper cell concentrations are used for testing for which daily quality control checks and test controls are used with proper documentation. The reagents should be stored and used as per manufacturer's instruction. Any fault in the reagents should be immediately reported to the Quality Assurance Manager.

4. MATERIALS REQUIRED:

Equipment:

- Refrigerator to store samples and reagents at $2 - 6^0$ C.
- Table top Centrifuge.
- Automated Cell Washer.
- Microscope.

Reagents:

- Anti-A, Anti-B, Anti-AB, Anti – D(Monoclonal and Bioclone) Antisera.
- Clotted or anticoagulated blood samples of random blood donors.
- Group A, B and O pooled Cells.
- 0.9% saline.

Glassware:

- Serum tubes.
- Micro tubes.
- Pasteur pipettes.
- Glass slides.

Miscellaneous:

- Rubber teats.
- Disposal box.
- 2 plastic beakers.
- Aluminium racks.

5. PROCEDURE:

Principle: Test for reactivity and specificity is based on the principle of agglutination of antigen positive red cells in the presence of antibody directed towards the antigen.

Quality Control Checks.

	Red Cells for Testing	
	Positive Reactors	**Negative Reactors**
Anti – A	Pooled A cells	Pooled B, Pooled O Cells
Anti – B	Pooled B Cells	Pooled A, Pooled O Cells
Anti – AB	Pooled A, Pooled B Cells	Pooled O cells.
Anti – D Bioclone	Rh D – positive cells (any ABO group)	Rh D – negative cells (any ABO group)
Anti – D monoclonal	Rh D – positive (any ABO group)	Rh – D – negative (any ABO group)

Reagents are to be assessed for:

REACTIVITY: Ability of a reagent to react with the corresponding antigen.

SPECIFICITY: Test reagent against known positive and negative cells.

AVIDITY: Time interval between first rapid mixing of the 2 drops and beginning of macroscopic agglutination.

SENSITIVITY: Titration of antisera denotes sensitivity.

IMPORTANT GENERAL GUIDELINES

1. Use the oldest reagent first
2. Reconstitute use and store according to manufacturer's instructions at recommended
   temperature only.

3. Allow potency contaminated reagents should be discarded.
4. Every new lot should be evaluated for potency and efficiency.
5. All results of quality control should be recorded and records are to be kept appropriately.
6. If the results are different than the limits set by the manufacturer, report it to the manufacturer immediately.
7. Reagents records.
    a. Name
    b. Lot number
    c. Batch number
    d. Expiry date
    e. Name of manufacturer
    f. Licence No.
    g. Standard colour
    h. Free from HIV, HbsAg information.

QUALITY CONTROL OF THE A, B, O REAGENTS CELLS

PARAMETER	QUALITY REQUIREMENT	FREQUENCY OF TESTING
GROSS (VISUAL INSPECTION)	NO TURUIDITY NO HEMOLYSIS NO CHANGE IN COLOUR NO PARCILES	DAILY
SENSITIVITY AND SPECIFICITY	UNEQUIVOCAL REACTIO OF KNOWN S AGAINST RED CELLS ANTIGENS	DAILY

1. Prepare the cells daily
2. Test daily for above requirements

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3. Refrigerate cells when not in use
4. A void contamination and lysis
5. If Hemolysis suspected, wash cells till clear supernatant appears and then use cells.

QUALITY CONTROL ABO SERA.

PARAMETER	QUALITY REQUIREMENT	FREQUENCY OF TESTING
GROSS (VISUAL INSPECTION)	NO TURBIDITY NO FOUL NO PARTICLES OR STANDARD COLOUR	DAILY
SENSITIVITY	TITRATIO ANTISERA USI CORRESPONDING CEL UNDILUTED ANTISERA $5% CELL SUSPENSI	DAILY (WITH EVERY NEW LOT NO. OR EVERY SEVEN DAYS
SPECIFICITY	CLE REACTIONS WITH RED CELLS HAVING CORRESPONDING ANTIGENS	DAIL Y
AVIDITY	SPE OF MACROSCOPIC AGGLUTINATION WITH 50% RBC SUSPENSION IN NO SALINE IN SLIDE TES	DAILY AND WITH EVERY NEW LOT NO.

AVIDITY AND SPECIFICITY OF ANTISERA

ANTISERA	MINIMUM TITRE (2-3% RED CELL SUSPENSION)	MINIMUM TITRE (5 MIN INCUBATION AND SPIN)	AVIDITY	REACTION GRADE A MINUTES

ANTI A	AI CELLS	1:256	10 SECONDS	+++
	A2 CELLS -	I :128	15-18 SEC.	++ To ++
	A2B CELLS	1:32	15-18 SEC	++

ANTI B	13 CELLS	1:256	10 SECONDS	+++
	A1 B CELLS	1:256	10 SECONDS	+++
ANTI AB	A1 CELLS	1:256	10 SECONDS	+++
	A2 CELLS	1 :256	15 SECONDS	+++
	B CELLS	1: 128	10 SECONDS	++ To +++

TEST FOR AVIDITY

1- Prepare 50% saline suspension of test cells

2- Place 2 drops of blood grouping antiserum to be checked on glass slide

3- Place net to it 1 drop if cell suspension

4- Mix the 2 drops and spread out in a circle about 15 mm in diameter.

5- Rotate the slide slowly from side to side.

6- Record the time in seconds required for clumps (1 mm) to appear.

7- Perform each test twice and ensure similar results with in a limit of 3 seconds.

TEST FOR SENSITIVITY:- To standardize and quality check the antisera.

DOUBLING DILUTION METHOD TITRATION

Principle: Titration is semi quantitative technique of measuring the concentration of an antibody in a serum which is usually determined by testing two fold serial dilution of the serum in saline against selected red cells.

Method:

1- Arrange & label ten tubes in a tube rack label to 10 (serum dilutions 1: 1 of 1:512).

2- Put I volume (2 drops saline) in all tubes except the first.

3- In the first & second tube put 2 drops serum (I volume)

4- Use clean pipette, mix contents of tube 2.

5- Transfer I volume (2 drops) to tube 3 to make dilution 1:4 from tube 2

6- Continue the process till tube 10.

7- Remove I volume from the last tube. Do not discard. Save it for use if further dilutions needed.

8- Add I volume (2-5% saline suspended) red cells according to antisera in each tube (e.g. A cells when anti A is used)

9- Mix well & incubate at room temperature for 30-45 minutes.

Or

Centrifuge all tubes at 1000 rpm for 1 minute

10- Record results. Gently dislodge the button

11- Grade the agglutination reaction.

12- Last positive reaction is titer of antibody for that antisera.

13- For incomplete antibodies use AHG or Enzyme technique.

PARAMETER	QUALITY CHECK	FREQUENCY OF TESTING
GROSS (VISUAL INSPECTION	NO CONTAMINATION NO CIIANGE IN COLOUR NO TURBIDITY NO GEL FORMATION NO PARTICLES	DAILY
SPECIFICITY	CLEAR REACTION WITH O POSITIVE CELLS AND NO REACTION WITH O NEGATIVE CELLS	DAILY AND WITH EVERY NEW LOT
AVIDITY	TIME OF START OF	DAILY AND WITH EVERY

	VISUAL AGGLUTINATION EVERY NEW LOT IN SLIDE TEST WITH 40% RED CELLS AT 37^0C	NEW LOT
POTENCY	TITER OF ANTISERA ANTI C, ANTI-D, ANTI-E AND ANTI-E WITH CORRESPONDING CELLS 3 + OR 4 + REACTION IN UNDILUTED SERUM	DAILY AND WITH EVERY NEW LOT

AVIDITY OF ANI1 -D

TYPE OF ANTISERA	40 % SLINE SUSPENSION	REACTIVITY	50% SUSPENSION	TITER 15 MIN (37^0 C)	REMARKS
SALINE IgM(MONOCLONAL)	15-20 SECONDS	+++/++++ AT END OF 2 MIN	+++	1:128-256	Du Not Detected
IgG (POLYCLONAL	30-60 SEC	+++	+++	1:32	-
IgG + IgM BLEND	15-20 SEC	+++/++++ AT END OF 2 MIN	+++	1:128-256	Du Not Detected

IMPORTANT POINTS TO REMEMBER:

1. Use two different anti D from two different manufacturers

Put adequate positive (O+RH) and negative (O-rr) control with auto controls.

5. DOCUMENTATION:

Enter the results in the Blood Group Register in the Red Cell Serology Laboratory. Enter identification number of the individual donor cells used for pooling and the reaction strengths. Sign the results as the individual preparing the pooled cells and testing the reagent.