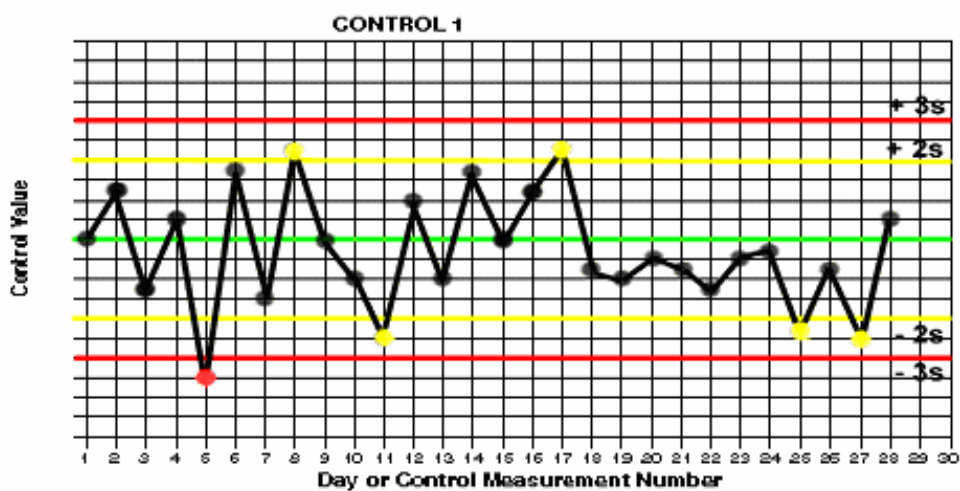


# Application Form for Blood Bank External Quality Assessment Scheme

(Recognized by NABH – Quality Council of India)



*BEQAS*



*NABH*

## Blood Bank External Quality Assessment Scheme

**Contact:**

Mr. Pankaj Agarwal

*BEQAS Office*

*Blood Bank*

*Avedna Ashram First Floor, Santokba Durlabhji Memorial Hospital,*

*Bhawani Singh Marg, Bapu Nagar, Jaipur- 302 015*

*Phone No. : 0141-2574189*

*Mobile No.:094142-40159*

*e-mail: [beqasgps@yahoo.in](mailto:beqasgps@yahoo.in)*

# Application Form for Blood Bank External Quality Assessment Scheme

**Participates in any other External Quality Assessment Programme**

Yes : if yes Name of programme \_\_\_\_\_

**1. Name of Hospital / Blood Bank:**

\_\_\_\_\_

**2. Address/ Details of Hospital / Blood Bank:**

\_\_\_\_\_

\_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ e-mail \_\_\_\_\_

**3. Contact Person (s):** (Please check the box to whom communication to be sent)

Blood Bank/Office Incharge

Dr. \_\_\_\_\_

Telephone No. \_\_\_\_\_ Mobile: \_\_\_\_\_

Fax No. \_\_\_\_\_

e-mail: \_\_\_\_\_

Any other contact person

Mr./ Ms./ Dr. \_\_\_\_\_

Telephone No. \_\_\_\_\_ Mobile: \_\_\_\_\_

Fax No. \_\_\_\_\_

e-mail: \_\_\_\_\_

4. **Equipment:** Details of all equipments used blood bank

SL.	Test Name	Participating in	Name of Equipment	Methodology
1.	HBsAg			
2.	Anti-HIV			
3.	Anti-HCV			
4.	NAT (HBV / HCV / HIV-1,HIV-2,HIV-O,HIV-M)			
5.	VDRL			
6.	Malarial Parasite			
7.	Haemoglobin			

5. **Registration Fees: (for each Year Rs. 1500/-)**

- Details of Demand draft:

A demand draft should be in favor of “**BEQAS**” payable at UBI Bank (SDMH Branch) Jaipur.

Bank: _____
DD No. _____
Amount: _____
Dated: _____

6. **Quarterly Blood Bank External Quality Control Programme**

- The frequencies of distribution of samples are 3 cycles per year. (**First cycle-January, Second cycle-July, Third cycle-November**)
- Reports can be received by courier, mail or email.
- Results must arrive at BEQAS office by 17.00 HRS on the final date
- Late results will not be accepted after the final date.
- Results shall be made available preferably within 4 days.

7. **Name & Signature of**

**Blood Bank In-charge**

**Blood Bank Officer**

8. **Date Application Completed:** \_\_\_\_\_ Day \_\_\_\_\_ Month \_\_\_\_\_ Year