

Application Form:

SDMH EQAS Program Application Form

General Information

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

2. **Address:**

3. **Contact Person(s):** (Tick the person to whom communication should be sent)

Name:

Phone No:

Email Address:

Any other contact information:

Name:

Phone No:

Email Address:

SDMH EQAS

Test Name	Name of Equipment	Methodology
HbsAg		
Anti-HIV		
Anti-HCV		
NAT		
VDRL		
Malarial Parasite		
Haemoglobin		
Blood Group		
Cross-match		
Antibody Screening and Identification		

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Program Details:

Program	Parameters	Tick (√) to Indicate Participation	Pricing
Laboratories			
Program A	Blood Grouping and Typing		Rs. 2000.00
Program B	Blood Grouping and Typing, Direct Coombs and Indirect Coombs Test		Rs. 2500.00
Blood Centers			
Program C	Blood Grouping and Typing, Direct Coombs and Indirect Coombs Test, Compatibility Test, Antibody Screening, Antibody Identification		Rs. 3000.00
Program D	Blood Grouping and Typing, Direct Coombs and Indirect Coombs Test, Compatibility Test, Antibody Screening, Antibody Identification ,Transfusion Transmissible Infections Screen Module (serology – HIV, HBV, HCV, Syphilis, malaria smear), Donor Haemoglobin		Rs. 5000.00
Program E	Blood Grouping and Typing, Direct Coombs and Indirect Coombs Test, Compatibility Test, Antibody Screening, Antibody Identification ,Transfusion Transmissible Infections Screen Module (serology – HIV, HBV, HCV, Syphilis, malaria smear), Donor Haemoglobin,NAT Testing		Rs. 6000.00

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Instructions:

1. Choose the appropriate program and tick the parameters for evaluation.
2. Submit the form along with your registration papers. Retain a copy for your records.

Frequency of Distribution:

3 Cycles per Year

Declaration

I hereby confirm the information provided above is accurate and agree to comply with the terms and conditions of the SDMH EQAS program.

Name & Signature of Blood Centre In-charge:

Name & Signature of Blood Centre Officer:

Date: _____