

Welcome Message from the Chairperson, SDMH EQAS

Dear Participants,

It is with great pleasure that I welcome you all to the SDMH Blood Bank External Quality Assurance Scheme (EQAS). Your participation in this initiative reflects a shared commitment to excellence in transfusion medicine and patient safety.

Quality assurance is the cornerstone of safe and effective blood transfusion services, and through this program, we aim to enhance standards, promote best practices, and ensure continuous improvement in quality in laboratory and Blood Centre performance.

SDMH is already PT provider for Govt. Blood Banks supported by NBTC.

We appreciate your dedication to this cause and look forward to a fruitful collaboration.

Wishing you a successful and enriching experience with SDMH EQAS.

Dr. Rateesh Sareen

Chairperson, SDMH EQAS, Santokba Durlabhji Memorial Hospital, Jaipur

Dr. Nitin Kansal

Medical Director, Santokba Durlabhji Memorial Hospital, Jaipur

Dr. Garima Agarwal

Scientific Coordinator, SDMH EQAS, Santokba Durlabhji Memorial Hospital, Jaipur

Dr. Anshika Yadav

Program Coordinator, SDMH EQAS, Santokba Durlabhji Memorial Hospital, Jaipur

SDMH EQAS

Program Details

SDMH EQAS is a structured **External Quality Assessment (EQA) program** designed to support blood centers and transfusion laboratories in improving their testing accuracy and overall quality performance. Participation in this program is voluntary, Non Punitive and confidentiality will be maintained at each step.

Proficiency Testing Cycles:

Participants receive proficiency testing samples **three times a year** (March, July, and November). **Renewal for the next cycle will be conducted in January.**

Sample Matrices:

The program includes **serum, whole blood, and microbiological specimens**. Wherever possible, **Immunochemistry (IH) samples** screened for viral markers will be used. However, as no test can completely rule out all infections, participants must follow **universal precautions** when handling all samples.

Timely Reporting:

Blood centers and laboratories must **submit their results within the specified timeline** to ensure proper evaluation and feedback.

PERFORMANCE EVALUATION:

- **Qualitative results** are assessed against reference laboratory findings.
- **Quantitative results** undergo **statistical analysis**, including mean, standard deviation, coefficient of variation, and performance scoring.

Performance Feedback & Improvement: Participants will receive a **detailed performance report**, including **Corrective and Preventive Actions (CAPA)** and **Root Cause Analysis (RCA)** to help identify and rectify deviations.

Recognition & Certification: A **Participation Certificate** will be awarded to each laboratory or blood center for the year of participation, acknowledging their commitment to quality.

We appreciate your dedication to maintaining the highest standards in transfusion medicine.

SDMH EQAS

Your participation in SDMH EQAS contributes to a **stronger, safer, and more reliable blood transfusion system**. We look forward to working together to achieve excellence in laboratory quality assurance.

Website: Website is under process. Till then you can communicate through email/Phone No. mentioned below for further assistance. For Participation kindly fill the form attached below and send it to the mentioned email address.

Correspondence: SDMH EQAS Centre, Blood Centre, RDMC V FLOOR,
Santokba Durlabhji Memorial Hospital cum Medical
Research Centre, Jaipur – Pin- 302015

Phone no and Email Address: **Dr. Anshika Yadav**, (Program coordinator)

eqas@sdmh.in Mobile-07982732346

Bank details: Payment must be completed before participation to receive testing materials. Payments can be done through online mode on the below mentioned account. A confirmation screenshot shall be communicated to the provider via email/phone no.

Name of Hospital :	Santokba Durlabhji Memorial Hospital
Payee Name/Name of Account Holder:	S.D.M. HOSPITAL
Hospital Address:	Bhawani Singh Marg Bapu Nagar, Jaipur. Pin Code: 302015
Bank Name & Address:	UNION BANK OF INDIA, SDMH Premises Bhawani Singh Marg, Bapu Nagar Jaipur. Pin Code: 302015
Bank A/C Type No.	Current Account
Bank A/C No.	369204011029002
BRANCH NAME	SDMH, JAIPUR
IFS CODE of the Branch	UBIN0558613
MICR No.	302026012
PAN No.	AADFS7665N

Application Form:

SDMH EQAS Program Application Form 2025

General Information

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

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:

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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: _____