



**GOVERNMENT OF PAKISTAN
ISLAMABAD HEALTHCARE REGULATORY
AUTHORITY (IHRA)**

PRCS-DMLC Building (2nd Floor) Sufi Tabassum Road,
H-8/2, Islamabad.
Ph: 051-9199902



Form No: REG/IHRA/2024/_____

APPLICATION FOR REGISTRATION OF “BLOOD BANK”

Healthcare Establishments are required to complete this form as per requirements of the provision under Section 21 of the Islamabad Healthcare Regulations Act, 2018.

A. BLOOD ESTABLISHMENT											
Name of the Blood Establishment:	Date of establishment at present location: <table border="1"> <tr> <td>D</td><td>D</td><td>-</td><td>M</td><td>M</td><td>-</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	-	M	M	-	Y	Y	Y	Y
D	D	-	M	M	-	Y	Y	Y	Y		
Previous Name (if any):											
Mailing Address of Healthcare Establishment (HCE):	Longitude: _____ Latitude: _____										
Landline:	Mobile:										
Email address:											

B. TYPE OF BLOOD ESTABLISHMENT		
<input type="checkbox"/> Public	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private for Non-Profit
<input type="checkbox"/> Stand-alone Blood Bank	<input type="checkbox"/> Hospital Blood Bank	<input type="checkbox"/> Part of Laboratory
<input type="checkbox"/> Others _____		

C. TYPE OF OWNERSHIP	
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Voluntary Non-Profit
<input type="checkbox"/> Partnership	<input type="checkbox"/> Association
<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company (Pvt)
<input type="checkbox"/> Trust	<input type="checkbox"/> Limited Liability Company (Public)
<input type="checkbox"/> Others _____	

D. PROCESSES CARRIED OUT IN THE BLOOD ESTABLISHMENT	
<input type="checkbox"/> Blood Collection	<input type="checkbox"/> Testing
<input type="checkbox"/> Processing	<input type="checkbox"/> Storage
<input type="checkbox"/> Immunohematology	<input type="checkbox"/> Issuance
<input type="checkbox"/> Distribution	<input type="checkbox"/> Transfusion
<input type="checkbox"/> Others _____	



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The Hospitals Linked with Blood Bank

- | | |
|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> |

Name of Incharge (Responsible person)		Cell #	
Name of Incharge (Technical person)		Cell #	

Name of Responsible Person		Qualifications:	
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*Note: The responsible person must be a Haematologist or a PMDC registered doctor.
Only one licence can be issued in the name of one doctor.

- | | |
|--|--------------------------|
| Is Power backup available | <input type="checkbox"/> |
| Procedures are displayed for patients | <input type="checkbox"/> |
| Procedures are displayed for donor guidance | <input type="checkbox"/> |
| Is consent form available | <input type="checkbox"/> |

SCREENING

- | | | | | | | | |
|----------------|--------------------------|------------|--------------------------|------------|--------------------------|-----------------|--------------------------|
| HBsAG | <input type="checkbox"/> | HCV | <input type="checkbox"/> | HIV | <input type="checkbox"/> | Syphilis | <input type="checkbox"/> |
| Malaria | <input type="checkbox"/> | | | | | | |



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Blood Collection

- Venepuncture is properly done
- Collection of blood is proper
- Sealing of tubes and labelling is proper
- Blood shaker equipment available

COMPONENT PREPRATION/ STORAGE

- | | | | | | |
|---------------------------------|--------------------------|--------------------|--------------------------|-------|--------------------------|
| RBC Concentration | <input type="checkbox"/> | Cryoprecipitate | <input type="checkbox"/> | FFPPI | <input type="checkbox"/> |
| Temperature Monitoring of Blood | <input type="checkbox"/> | Storage equipment | <input type="checkbox"/> | | |
| Blood Storage Cabinet FFP | <input type="checkbox"/> | Platelets agitato— | <input type="checkbox"/> | | |

ISSUANCE OF BLOOD

- Standard Request form & Issuance register
- Cross matching procedure
- Instruction for transport of blood given
- Post transfusion feedback mechanism present
- Adverse reaction register maintained
- Is there any mechanism of quality control / TQM / Accreditation
- Is there a documented system available for the recall of any components(s) causing adverse effects and all other components linked with that component(s).

RECORDS: -

- Available record ?

S #	Record Type	Yes/No	S #	Record Type	Yes/No
1	Donor Record		5	Cross-match Record	
2	Blood Grouping Record		6	Transfusion Reaction Record	



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- Attached copies of degrees and certificates of all staff
- Original challan form after depositing the fee
- Fee to be deposited in Islamabad Healthcare Regulatory Authority (IHRA) Current Account No. **1150420000481** in **Askari Bank Limited**, Kamran Centre Branch, Islamabad
- Return the completed Form to:

Director Registration, PRCS-DMLC Building (2nd Floor) Sufi Tabassum Road, H-8/2, Islamabad.

(For queries regarding completion of the application, please contact IHRA **Ph: 051-9199902** 8:30 am to 4:30 pm working days only)

DECLARATION BY BLOOD ESTABLISHMENT

I, undersigned, do hereby solemnly affirm and declare that the Blood Establishment (Name of Establishment)

I hereby take full responsibility to implement the standards laid down by the IHRA and understand that in case of failure to do so, I could be subject litigation as prescribed by the law.

Name of Applicant:	Designation:
Signature:	Date:



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