Application Form
for
Blood Bank External Quality Assessment Scheme
(Recognized by NABH – Quality Council of India)

Contact:
BEQAS Office
C- 314- A, Hari Marg, Malviya Nagar, Jaipur- 302 017
(Rajasthan)
Phone No.: 0141-2520337
Mobile No.:094603-90799
e-mail: 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

<table>
<thead>
<tr>
<th>SL.</th>
<th>Test Name</th>
<th>Participating in</th>
<th>Name of Equipment</th>
<th>Methodology</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>HBsAg</td>
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<td>2.</td>
<td>Anti-HIV</td>
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<td>3.</td>
<td>Anti-HCV</td>
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<td>4.</td>
<td>NAT (HBV / HCV / HIV-1,HIV-2,HIV-O,HIV-M)</td>
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<td>5.</td>
<td>VDRL</td>
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<td>6.</td>
<td>Malarial Parasite</td>
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<td>7.</td>
<td>Haemoglobin</td>
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<td>8.</td>
<td>Blood Group</td>
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<td>9.</td>
<td>Cross-match</td>
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<td>10.</td>
<td>Antibody Screening and Identification</td>
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5. **Registration Fees**: (for each Year Rs. 1500/-)

- Details of Demand draft:
  
  A demand draft should be in favor of “BEQAS” payable at **Punjab National Bank (Pratap Nagar Branch) Jaipur**

<table>
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<th>Bank:</th>
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<tr>
<td>DD No.</td>
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<td>Amount:</td>
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<td>Dated:</td>
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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