



CMC VELLORE EQAS–TRANSFUSION MODULE

Transfusion Module Program Plan and Subscription Schedule 2025

PIN NUMBER:

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(For existing Participants only)

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| If you are a LABORATORY and wish to participate in | |
| Blood grouping and typing exercises ONLY | Select Program A |
| Blood grouping and typing, Direct Coombs and Indirect Coombs Test | Select Program B |
| If you are a BLOOD CENTERS and wish to participate in | |
| Blood grouping and typing, Direct Coombs & Indirect Coombs Test, Compatibility Testing, Antibody Screening & Antibody Identification | Select Program C |
| Transfusion Transmissible Infections Screen Module (serology – HIV, HBV, HCV, Syphilis and malaria –smear, and Donor Haemoglobin screen. (This can be selected only along with Program C). This is not a standalone program in which to participate. It is offered only with program C for blood banks. | Select Program D |

*** IMPORTANT: Choose your program plan. For program C, indicate your choice of participation in the parameters listed for the program. If you do not wish to participate in any of the individual parameters of program C, please do not tick the option. The price for program C remains the same for any or all the parameters listed in the program. You will be evaluated and marked for only the selected options.**

| | Program | Parameters (You should tick only the parameters you perform and wish to be evaluated for) | Tick (✓) to Indicate Participation | Pricing Including GST (18%) | My Cost |
|--------------------------|------------------|---|------------------------------------|-----------------------------|---------|
| Laboratories | Program A | Blood Grouping and Typing | | Rs.2000.00 | |
| | OR | | | | |
| | Program B | Blood Grouping and Typing Direct Coombs and Indirect Coombs test | | Rs. 2600.00 | |
| OR | | | | | |
| Blood Centers | Program C | 1. Blood Grouping and Typing | | Rs. 3000.00 | |
| | | 2. Direct Coombs and Indirect Coombs test | | | |
| | | 3. Compatibility test | | | |
| | | 4. Antibody Screening | | | |
| | | 5. Antibody Identification | | | |
| | Program D | Transfusion Transmissible Infections Screen Module (serology – HIV, HBV, HCV, Syphilis, and malaria – sample/smear) | | Rs. 4000.00 | |
| Donor Haemoglobin Screen | | | | | |
| | TOTAL | <i>Total Charge for blood centers (C +D)</i> | | | |

This form is to be returned along with your registration papers for 2025. Please retain a photocopy for your records. Payment can be made as a Demand Draft favoring "The Treasurer CMC Vellore Association ." An online payment facility is available for existing participants from your member login.

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| Name: | Signature |
| Date | Seal: |