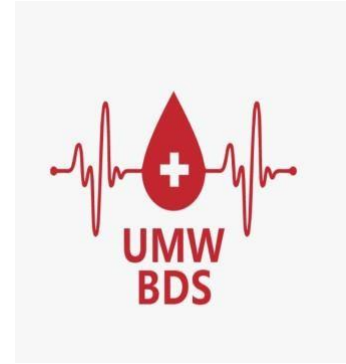




**BLOOD DONATION FORM**  
**BLOOD DONATION SOCIETY, UNIVERSITY OF MIANWALI.**



**RECIPIENT / PATIENT DETAILS**

Patient's Name: \_\_\_\_\_ S / D of: \_\_\_\_\_  
Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Guardian's Name: \_\_\_\_\_  
Required Blood Group: \_\_\_\_\_ Complaint/ Disease: \_\_\_\_\_  
ID card number: \_\_\_\_\_ Hospital Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Signature: \_\_\_\_\_

**DONOR DETAILS**

Name: \_\_\_\_\_ S / D of: \_\_\_\_\_  
Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Blood Group: \_\_\_\_\_  
Weight: \_\_\_\_\_ ID Card Number: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Date of Donation: \_\_\_\_\_  
Signature: \_\_\_\_\_

**UMWBDS TERMS AND CONDITIONS :**

UMWBDS will work under following conditions:

1. Any person requiring blood has to come with complete medical history of the patient, to make the process clear.
2. UMWBDS service is just limited to thalassemia patients, as the number of thalassemia patients is increasing day by day in Mianwali. So the society will not serve any other patient (else found severe emergency case)

3.UMWBDS will give its services and will be available to the patients from 8:00 AM to 2:00 PM.

4. A patient having HB level =7 Or >7 will not be able to ask for blood to UMWBDS, as this society will serve only the emergency need.

5. The one who will donate blood without sanction orders of President UMWBDS will him/herself responsible for that and the related consequences.

6. UMWBDS will not accommodate Delivery Cases .

7. Society Will Not Work During Holidays Due to Unavailability of Students & Volunteers.

8. If any recipient other than thalassemia requires blood, he would be provided but on the condition that he will provide any blood type of equal amount in return, as UMWBDS reserves blood only for thalassemia patient.