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|  | Specialty Specific Application FormFor Secondary HospitalDNB – Immunohematology and Blood Transfusion |
| 1. This Specialty Specific Application Form has been designed for filling up the data / information related to SECONDARY INSTITUTE / HOSPITAL only under the Joint Accreditation Scheme
2. However, the information related to IPD, OPD, Case Mix/Spectrum of Diagnosis, Surgical case load have to be filled up for both Primary & Secondary Hospital in the separate tables given in this application form.
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 General Information of Applicant Department

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| **1.** | **GENERAL INFORMATION OF THE DEPARTMENT FOR WHICH ACCREDITATION IS BEING SOUGHT** |
| **1.1.** | Unique Online Application Registration ID |  |
| **1.2.** | Nature of Application |  |
| **1.3.** | Name of the Specialty |  |
| Number of DNB - Immunohematology and Blood Transfusion Seats applied for |  |
| Whether the hospital is running any parallel academic programme of similar nature (in affiliation with other universities/organization) for 2-3 years (or more) duration |  |
| **1.4.** | Name of Applicant Institution / Hospital |  |
| **1.5.** | Address of the Institution / Hospital |  |
| **1.6.** | Name of the Parent Company (as per RoC/ Trust / Society/ Charity) running the hospital / institute) |  |
| **1.7.** | Head of the Department / Course Director |  |

 Infrastructure in the Department



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| **2.1.** | **BEDS IN THE APPLICANT DEPARTMENT** |
|  | Number of couch available for blood donation |  |
| **2.2.** | **LABORATORIES IN THE SPECIALTY** |
|  | Details of Laboratories in the department of Immuno-hematology and transfusion medicine. |
| Laboratory | List of Equipments | Supervising Consultant | Facilities |
| Donor bleeding room |  |  |  |
| Testing Lab |  |  |  |
| Component Lab |  |  |  |
| Research Lab |  |  |  |
|  | Any Other |  |  |  |

 Patient Load

|  |  |
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| **3.** | **PATIENT LOAD IN THE SPECIALTY** |
| **3.1.** | Case Mix/Spectrum of Diagnosis Available in the Specialty: |
|  |  |
|  | **Case Mix/Spectrum of Diagnosis Available in the Specialty in the SECONDARY Hospital** |  |
|  |  |
|  | **HEMATOLOGY** | Year Wise Case Load |  |
| 2022 | 2021 | 2020 |  |
| Number of samples |  |  |  |  |
| Number of Investigations |  |  |  |  |
| **Number of following Investigation:** |  |
| Complete Blood count |  |  |  |  |
| ESR |  |  |  |  |
|  |  | Reticulocyte count |  |  |  |  |
| Absolute eosinophil count |  |  |  |  |
| Bone marrow aspiration |  |  |  |  |
| B.M. Biopsy |  |  |  |  |
| L.E. cell |  |  |  |  |
| **Spectrum of clinical diagnosis** |  |
| Coagulation disorders |  |  |  |  |
| Leukaemia |  |  |  |  |
| Nutritional anaemia |  |  |  |  |
| Hemolytic anaemia |  |  |  |  |
| Thalassemia |  |  |  |  |
| Anaemia Unspecified |  |  |  |  |
| **IN-HOUSE BLOOD BANK** |  |
| No. of units issued per year |  |  |  |  |
| No. of units donated per year |  |  |  |  |
| No. of ABO grouping |  |  |  |  |
| No. of R.H. grouping |  |  |  |  |
| No. of cross matching |  |  |  |  |
| No. of samples in which antibodies identified |  |  |  |  |
|  |  | **No. of samples tested for** |  |
| HIV |  |  |  |  |
| Hb |  |  |  |  |
| HC |  |  |  |  |
| VDRL |  |  |  |  |
| Malaria |  |  |  |  |
|  |  |  |  |  |
| **Any other that are not listed above** |  |
| Covid Convalescent Plasma (CCP) Procedure |  |  |  |  |
| Therapeutic Plasma Exchange (TPE) Procedure |  |  |  |  |
| Therapeutic Phlebotomy |  |  |  |  |
| Peripheral blood stem cell (PBSC) harvest + Granulocyte |  |  |  |  |
| Platelet Rich Plasma (PRP) Prepration |  |  |  |  |
|  |  |
|  | **Case Mix/Spectrum of Diagnosis Available in the Specialty in the PRIMARY Hospital** |  |
|  |  |
|  | **HEMATOLOGY** | Year Wise Case Load |  |
| 2022 | 2021 | 2020 |  |
| Number of samples |  |  |  |  |
| Number of Investigations |  |  |  |  |
| **Number of following Investigation:** |  |
| Complete Blood count |  |  |  |  |
| ESR |  |  |  |  |
| Reticulocyte count |  |  |  |  |
| Absolute eosinophil count |  |  |  |  |
| Bone marrow aspiration |  |  |  |  |
| B.M. Biopsy |  |  |  |  |
| L.E. cell |  |  |  |  |
| **Spectrum of clinical diagnosis** |  |
| Coagulation disorders |  |  |  |  |
| Leukaemia |  |  |  |  |
|  |  | Nutritional anaemia |  |  |  |  |
| Hemolytic anaemia |  |  |  |  |
| Thalassemia |  |  |  |  |
| Anaemia Unspecified |  |  |  |  |
| **IN-HOUSE BLOOD BANK** |  |
| No. of units issued per year |  |  |  |  |
| No. of units donated per year |  |  |  |  |
| No. of ABO grouping |  |  |  |  |
| No. of R.H. grouping |  |  |  |  |
| No. of cross matching |  |  |  |  |
| No. of samples in which antibodies identified |  |  |  |  |
|  |  |  |  |
|  |  | **No. of samples tested for** |  |
| HIV |  |  |  |  |
| Hb |  |  |  |  |
| HC |  |  |  |  |
| VDRL |  |  |  |  |
| Malaria |  |  |  |  |
|  |  |  |  |  |
| **Any other that are not listed above** |  |
| Covid Convalescent Plasma (CCP) Procedure |  |  |  |  |
| Therapeutic Plasma Exchange (TPE) Procedure |  |  |  |  |
| Therapeutic Phlebotomy |  |  |  |  |
| Peripheral blood stem cell (PBSC) harvest + Granulocyte |  |  |  |  |
| Platelet Rich Plasma (PRP) Prepration |  |  |  |  |
|  |  |  |  |  |

 Academic Facilities & Infrastructure

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| **4.** | **ACADEMIC FACILITIES & INFRASTRUCTURE** |
| **4.1.** | Number of Books available for DNB - Immunohematology and Blood Transfusion Programme in the Hospital/Institute Library |  |
| **4.2.** | Details of Journals subscribed for DNB - Immunohematology and Blood Transfusion trainees |
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| --- | --- | --- | --- | --- | --- |
| Category | Title of the Journal | Version | Publisher Details | Date of Subscripti on | Validity up to (Year) |
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| **4.3.** | **Rotational Posting of Trainees***DNB - Immunohematology and Blood Transfusion trainees should be rotated / posted in different modalities / departments / areas / OTs such that exposure as prescribed can be ensured.* |
|  |
|  | Department / Area of Rotation | Tentative schedule**(In Days OR Month(s))** | Name & Address of the institute/ hospital where trainees are posted for rotation | SupervisingConsultant Name |  |
| Blood donor managementDonor recruitment & motivation Donor selection Phlebotomy Post donation care of Donor | 5 months |  |  |  |
|  |  | Apheresis Donor apheresis Therapeutic plasma exchange Outdoor blood donation camps |  |  |  |  |
| Component preparation & quality control Preparation of various components PRBC, FFP, PC, Cryo, Leuco poor Irradiation of blood components Storage & quality control | 5 months |  |  |  |
| Transfusion Transmitted infection screening Screening for various markers, HIV, HCV, HBsAg, Syphilis, Methodology,Elisa, spot, rapid, automatedanalyzer Molecular techniques | 5 months |  |  |  |
| Immunohaematology Diagnosis & transfusion support in AIHA PNH Transfusion reactionAntenatal serology Multi transfused patients Secretor status Minor red cell antigen typing | 5 months |  |  |  |
| Pre-transfusion testing & cross match ABO group & Rh-type Du testing, genotype Irregularantibody screening Cross match | 5 months |  |  |  |
| Quality control/ computers/ records | 2 months |  |  |  |
| **Allied laboratory and clinical departments** |  |
| Laboratory areas subjects & Clinical Department subjects (Refer DNB Curriculum for details) | 6 months |  |  |  |
|  |  |
|  | Certified copy of MoU with other NBEMS accredited institute / hospital or medical college where DNB - Immunohematology and Blood Transfusion trainees are posted for any of the above rotations, if the same is not feasible within the institute/hospital is required to be enclosed with hard copy of Specialty Specific Application which is to be submitted to NBEMS. |

 Full Time Faculty/Staff

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| **5.1.** | **FULL TIME STAFF IN THE APPLICANT DEPARTMENT*****(Please refer Information Bulletin for Accreditation for details of Minimum Faculty requirements)*** |
|  | Faculty declaration form for the faculty in Secondary Hospital & all their supportive documents related to the full time status of faculty must be filled and uploaded on the same web page where the faculty details of Primary Hospital / Institution have been submitted on Online Application Form. |  |

 Academic Sessions & Track Record

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| **6.1.** | **TRACK RECORD OF DNB - Immunohematology and Blood Transfusion TRAINEES IN FINAL / EXIT EXAMINATIONS CONDUCTED BY NBEMS:** |
| **PLEASE PROVIDE THE DETAILS OF LAST 5 YEARS ONLY** |
|  |  |
|  | Training Status of Candidate | Name of the Candidate | NBEMSRegistration Number | Year in which last appeared for Final / Exit Examinations | Year for Thesis Acceptance**(Applicable for DNB Programme only)** | Result |  |
| Theory | Practical |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | **SINCE GRANT OF FIRST ACCREDITATION TO THE APPLICANT DEPARTMENT:** |
| a. | How many DNB - Immunohematology and Blood Transfusion Trainees have been registered in the department? |  |
| b. | How many DNB - Immunohematology and Blood Transfusion Trainees have completed their training? |  |
| c. | How many DNB - Immunohematology and Blood Transfusion Trainees have qualified their Final / Exit Exams? |  |
| **DECLARATION:**I, , am duly authorized to act for and on behalf of **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** acting in my official capacity as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_for submitting the application of Accreditation for DNB - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the year \_\_\_\_\_\_\_\_\_\_\_\_. I, do hereby undertake and declare that:1. I am competent to make this submission regarding the application for seeking accreditation in DNB - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to National Board of Examinations in Medical Sciences
2. The facts stated in this application are correct and based on official records and I shall be liable for any wrong or incorrect data/information submitted.
3. This hospital / institute has understood the terms, conditions, instructions, minimum accreditation criteria etc. indicated in the Information bulletin for accreditation and agree to abide by the same.
 |
| **Date:****Place:** |
| **Secondary Hospital / Institute****Signature with official stamp of Administrative Head of the****Secondary Institute/Hospital**(Authorized signatory on behalf of Secondary hospital)**Name:** **Designation:**  | **Primary Applicant Hospital / Institute****Signature with official stamp of Administrative Head of the****Primary Institute/Hospital**(Authorized signatory on behalf of Primary applicant hospital)**Name:** **Designation:**  |