GOVERNMENT OF SINDH
HEALTH DEPARTMENT
(PROCUREMENT MONITORING & INSPECTION CELL)

NOTIFICATION

No. SO(PM&I)/2026-27/E.42(DHO-Badin): A Procurement Committee under Rule-7 of Sindh Public Procurement Rules 2010 (Amended up-to-date) is hereby constituted comprising of the following officers for procurement of Drugs/Medicines (Local Purchase 15%), Laboratory Kits / reagents, Disposables / Surgical / Consumable Items (other than items already approved under Frame Work Contract), Uniform / Protective Clothing, Patty Articles, Printing / Other Misc: items in respect of the District Health Officer Badin for the financial year 2026-27.

01	District Health Officer, Badin.	Chairman
02	Assistant Commissioner, Badin	Member
03	District Population Welfare Officer, Badin.	Member
04	Civil Surgeon, Civil Hospital Badin.	Member
05	Senior Pharmacist DHQ Badin.	Member

TORs:

- The TORs/ Functions / Responsibilities of the Procurement Committee in accordance with Rule-8 of SPP Rules 2010 shall be as under:

1) Preparing and /or Reviewing bidding documents.
2) Carrying out technical as well as financial evaluation of the bids;
3) Preparing evaluation report as provided in Rule-45;
4) Making recommendations for the award of contract to the competent authority; and
5) Perform any other function ancillary and incidental to the above.

SECRETARY HEALTH
GOVERNMENT OF SINDH

No. SO(PM&I)/2026-27/E.42(DHO-Badin): Karachi dated, the 24th August 2026

Copy forwarded for information and necessary action to:-

1. The Managing Director, Sindh Public Procurement Regulatory Authority, Karachi.
2. The District Accounts Officer, Badin.
3. The Chairman & all members of the Committee
4. PS to Minister, Health & Population Welfare Department, Govt. of Sindh, Karachi.
5. PS to Secretary Health, Govt. of Sindh, Karachi.
6. PS to Additional Secretary (PM&I), Health Department, Govt. of Sindh, Karachi.

GOVERNMENT OF SINDH PM & I CELL HEALTH DEPARTMENT

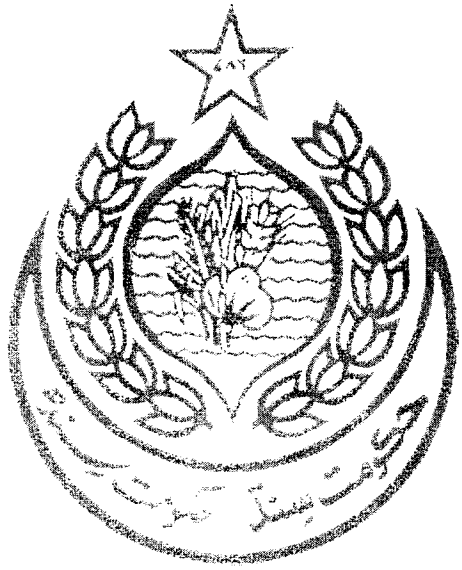
24/08/2026

(DEEN MUHAMMAD ABRO)
SECTION OFFICER (PM&I)

OFFICE OF THE DISTRICT HEALTH OFFICER BADIN

PROCUREMENT OF DRUGS / MEDICINES SURGICAL DISPOSABLE/LABORTARY CHEMICALS, DEVICES STATIONERY & SENATORY ITEMS AS LOCAL PURCHASE FROM 15% FOR THE YEAR 2026-2027

TENDER NO.



TENDER FORM FOR PURCHASE MEDICINES, STATIONERY & SENATORY ITEMS LOCAL PURCHASE

DISTRICT HEALTH OFFICER
BADIN

OFFICE OF THE DISTRICT HEALTH OFFICER BADIN

CONTENTS

INVITATION OF BID

Sealed tender are invited from manufacturers, distributors, suppliers, Importers, having good reputation and sound financial position those who are registered in Income Tax and Sales Tax Department for procurement of Drugs/Medicines, Surgical disposables/Laboratory Chemical, devices Stationery & Senatory items as local purchase form 15% out of total grant-in-aid for the use of Munnu Bhai Thalassaemia Care Center Badin for the year 2026-2027 Single stage two envelopes procedure as per SPPRA Rules 46(2).

A complete set of Blank Tender documents can be purchased from the office of the undersigned, on submission of application along with photocopy of Income Tax, sale tax Registration certificates with DD/Pay order of Rs.3000.00 (non-refundable) in favour of District Health Officer Badin below mentioned fee in Tender enquiry from 25.8.2026 till 9.9.2026 at 11:00 AM

Description	Tender fee	Call deposit of quoted items
procurement of Drugs/Medicines, Surgical disposables/Laboratory Chemical, devices Stationery & Senatory items as local purchase form 15% of total grant-in-aid for the use of Munnu Bhai Thalassaemia Care Center Badin for the year 2026-2027	Rs,3000	**2.5%**

- The firms are required to deposit their sealed tender documents (Technical & Financial) in the office of District Health Officer Badin on 9.9.2026 till 12.0 noon
- Copy of technical bid proposals will be opened on 9.9.2026 at 1.00 PM in the presence of bidders/their representatives of the firms.
- Technical & Financial proposals should be submitted in separate envelopes.
- Bids must be in Pak rupees.
- Bid Validity 90 days.
- Procurement agency may reject any bid subject to relevant provision of SPP Rules 2010 and may cancel the bidding process at any time before the acceptance of bid or proposal as per rule 25(1) of said rule.
- All Quotation shall include all Government Taxes including GST if Applicable.
- 2.5% of Tender Amount Will be deposited as earnest money (in shape of D.D/Pay order) in the name of DHO Badin along with Tender Documents for All firms respectively.
- In case there is holiday the bids shall be submitted and opened as on given schedule on the next working day.

DISTRICT HEALTH OFFICER
BADIN

DISTRICT HEALTH OFFICER
BADIN

OFFICE OF THE DISTRICT HEALTH OFFICER BADIN

INSTRUCTIONS TO BIDDER

01. The bid is subject to validity for 90 days and can be extend as per relevant rule.

02. Bidders are required to submit sealed tender for the supply of Drugs/Medicines, Surgical disposables/Laboratory Chemical, devices Stationery & Senatory items as local purchase form 15% out of total grant-in-aid for the use of Munnu Bhai Thalassaemia Care Center Badin, for the financial year 2026-2027 for District Health Officer Badin along with tender fee in shape DD/pay order in favour of District Health Officer Badin.

3 .the date & Time of Sale of Tender, submission of Tender and opening of Tender is mentioned in NIT and Newspaper as well as on SPPRA Website, which shall be strictly followed by the bidder. Late submission of bids shall not be entertained.

4. No tender shall be entertained received through courier or any postal service.
5. The Tender form should be completely filled and rate by the bidder carefully .The bidder will be responsible for any mistake done by him.
6. The **Technical Proposal** shall be separately submitted in Big Envelop titled with "**Technical Proposal**" and The **Financial Proposal** shall be separately submitted in big Envelop Titled with "**Financial Proposal**" and then both the envelops shall be in third closed & sealed envelope. This is under the relevant provision of SPPRA rule No. 46(2) i.e single stage Two Envelop Procedure. Any deviation in this regard shall lead to disqualification of bidder at the time of opening of bids.
7. First of all the Technical Proposal will be opened on the date and time mentioned in NIT and shall be duly signed by the Procurement committee & Chairman.
8. The Original Tender Fee / Receipt must be attached in the Technical proposal. The alternate proposal shall be submitted separately with original tender fee marked with alternate tender.
9. The Firm / Supplier shall be responsible for delivery of supplies in the stipulated period of time.
10. The Purchaser reserves the right to increase / decrease the quantity of items at any stage of the tender / even after the tender.in
11. Conditional Tender against the Government Policy shall not be entertained and is liable to rejected.
12. The contractor / Supplier / Manufacturer/ Service Provider should attach / submit 2.5% of bid security of total value of quoted items applied in tender in shape of Pay Order / Bank Draft in favour of District Health Officer Badin. The Chairman of procurement committee reserves the right to verify the earnest money / pay order / bank draft at any stage of the tender.
13. There should be performance security @ 10 % in shape of pay order/demand draft in favour of district Health Officer Badin as per SPPRA Rules.
14. There should be pay and attached the stamp duty 0.30% with the invoice.
15. Bid Validity shall be 90 days.
16. Schedule of Delivery shall be followed as per Tender / Bid Documents at the relevant store of the center
17. In all tenders the local bidders may be preferred so that any emergency should be coped easily.

18. The Purchaser reserves the right to modify any specification / item at any stage of the tender / even after the tender.
19. Any bidder who raises undue observation and create crises, chaos involution and mis-happening the purchase committee / chairman shall be authorized to get him out/ disqualify / blacklist from the tender meeting and from the complete Tender process.
20. In case of announcement of public holiday or any unfavorable circumstances, the bid shall be submitted and opened on the next working day.
21. Any type of quires can be addressed at the following number or in person during the office hours District Health Office Badin 0297920105.

Note.

1. Bidder must read the above instructions before submission of bids and must sign with seal that the instructions are followed carefully and strictly.

2. Mobiles, all phones, cameras and other recording gadget shall not be allowed and the violator will be prosecuted under relevant rule.

OFFICE OF THE DISTRICT HEALTH OFFICER BADIN

No.DHO/BDN/Tender/Medicine **Date:**

TENDER FOR PROCUREMENT OF DRUGS / MEDICIN

SURGICAL DISPOSABLE/LABORTARY CHEMICALS, DEVICES STATIONERY & SENATORY ITEMS AS LOCAL PURCHASE FROM 15% FOR THE YEAR 2026-2027

Price Rs. 3000/- Non-Refundable / Transferable
Tender inquiry no.
Due on 9.9.2026

Time of receipt of Tender	12:00- NOON	Date: 9.9.2026
Time of opening of Tender	01.00 -PM	Date: 9.9.2026

The tenders shall quote their prices inclusive of all duties / tax / Octroi transpiration etc., and all other expenses on free delivery to Consignee's end. Price should be quoted in Figures & words both, failing which the offer will be ignored.

TECHNICAL SPECIFICATION

Sr.No	Nomenclature	Company	Remarks
	MEDICINCES		
1	Inj Desferal 500 mg		
2	Tab Thalidomide 100mg		
3	Tab Thalidomide 50mg		
4	Inj Normal saline 1000ml		
5	Anti D(Anti-Rh)		
6	Sani Plast		
7	Anti-sera A		
8	Anti-sera B		
9	Anti-sera D		
10	Anti-AI		
11	Cotton 400gr (National)		
12	RPR Agglutination (1 x 500 tests)		
13	25% Dextrose water 20 CC		
14	Justers (Micro lab)		
15	Test tube violet top		
16	CBC Bottle 12x75		
Sr.No	Name of item		
17	Yellow tips		

Sr.No	Name of item		
17	Yellow tips		
18	Blue tips		
19	Justers different size each 2		
20	Eppendorf		
	STATIONERY & SENATORY ITEMS		
1	A-4 Papers 80 gr		
2	Legal papers 80 gr		
3	HP Lessor printer P2015D		
4	HP Lessor printer tonners A-53		
5	HP Lesser printer tonners A-85		
6	Lamination sheet A-4		
7	Jamb0 Register 20x15 500 pages		
8	Box file		
9	Dr.Prescription (specimen attached)		
10	Donor history form (Specimen attached)		
11	Blood arrange slip (Specimen attached)		
12	Stock Register 400 pages		
13	Stock register 300 pages		
14	Ring File		
	SENATORY ITEMS		
1	Bleach Liquid		
2	Brooms sticks		
3	Brooms Phool		
4	Dettol 1 ltr btl		
5	Hand sanitizer		
6	Phonily		
7	Finis 1lts bottle		
8	Shopper plastic 20x30		
9	Wiper		
10	Sutt Poocha		

THE NAME OF MANUFACTURER COMPANY MUST BE INDICATED AGAISNT EACH ITEM

TERMS & CONDITION FOR PROCUREMENT OF DRUGS MEDICIN SURGICAL DISPOSABLE/LABORTARY CHEMICALS, DEVICES STATIONERY & SENATORY ITEMS AS LOCAL PURCHASE FROM 15% FOR THE YEAR 2026-2027

1. The bidder with lowest evaluated bid if not in conflict with another law, rules, regulations or policy of Government will be awarded the contract within the original or extended period of bid validity.
2. The purchaser reserved the right to increase or decrease the quantity of store originally specified in the price schedule and schedule of requirement without any change in unit price or other terms and condition.
3. While conveying acceptance of bid to the successful bidder, the purchaser will send his/her the contract form provided in the bidding documents incorporating all points of agreement between the parties on stamp paper ofRs.100/- along with integrity pack on stampRs.100/-
4. After the official announcement if the award as stipulated in SPPRA rule 2010, the purchaser will be issued supply orders as soon as the contract agreement is signed by both the parties after completion of all coddle formalities, If successful bidder shows his inability to sign the contract, the bid security/earnest money shall be forfeited and supply order will be issued to next lowest evaluated bidder.
5. Any Conditional and incomplete tender will not be acceptable.

CONTRACT FORM

THIS CONTRACT is made at _____on _____ day of _____ 2026

between the District Health Officer Badin (hereinafter referred to as the "Purchaser") of the First Part; and M/s (firm name) a firm registered under the laws of Pakistan and having its registered office at (address of the firm) (hereinafter called the "Supplier") of the Second Part (hereinafter also referred to individually as "Party" and

WHEREAS the Purchaser invited bids for procurement of (item name); in pursuance whereof M/s (firm name) being the Manufacturer / authorized Supplier / authorized Agent of (item name) in Pakistan and offered to supply the required item(s); and

WHEREAS the Purchaser has accepted the bid by the Supplier for the supply of (item name) in the sum of Rs._____ (amount in figures and words) cost per unit, the total amount of (quantity of goods) shall be Rs (amount in figures and words).

NOW THIS CONTRACT WITNESSETH AS FOLLOWS:

1. In this Contract words and expressions shall have the same meanings as are respectively assigned to them in the General Conditions of this Contract hereinafter referred to as "Contract":

2. The following documents shall be deemed to form and be read and construed as an integral part of this Contract, viz:

   a. the Price Schedule submitted by the Bidder,

   b. the Schedule of Requirements;

   c. the Technical Specifications;

   d. the General Conditions of Contract;

   e. the Special Conditions of Contract;

   f. the Purchaser's Notification of Award; and

   g. the Purchase Order

3. In consideration of the payments to be made by the Purchaser to the Supplier/ Manufacturer/Importers as hereinafter mentioned, the Supplier/Manufacturer/Importers hereby covenants with the Purchaser to provide the goods namely and to remedy defects therein in conformity in all respects with the provisions of this Contract or make replacement of defective goods, as the case may be, without any additional charge, to the satisfaction of the Purchaser.

4. The Purchaser hereby covenants to pay the Supplier in consideration of the provision of the Goods and Services and the remedying of defects therein, the Contract Price or such other sum as may become payable under the provisions of this Contract at the time and in the manner prescribed herein by this Contract.

5. [The Seller / Supplier] hereby declares that it has not obtained or induced the procurement of any Contract, right, interest, privilege or other obligation or benefit form Government of Sindh or any agency thereof or any other entity owned or controlled by it (GoS) through any corrupt business practice.

6. Without limiting the generality of the foregoing, [the Seller/ Supplier] represents and warrants that it has fully declared the brokerage, commission, fees etc, paid or payable to anyone and not given or agreed to give and shall not give or agree to give to anyone within or outside Pakistan either directly or indirectly through any natural or juridical person, including its affiliate, agent, associate, broker,

consultant, director, promoter, shareholder, sponsor or subsidiary, any commission, gratification, bribe, . finder's fee or kickback, whether described as consultation fee or otherwise, with the object of obtaining or including the procurement of a Contract, right, interest, privilege or other obligation or benefit in whatsoever form from GoS, except that which has been expressly declared pursuant hereto.

7. [The Seller/ Supplier] certifies that it has made and will make full disclosures of all agreements and arrangements with all persons in respect of or related to the transaction with GoS and has not taken any action or will not take any action to circumvent the above declaration, representation or warranty.

8. [The Seller/ Supplier] accepts full responsibility and strict liability for making any

false declaration, not making full disclosure, misrepresenting facts or taking any action likely to defeat the purpose of this declaration, representation and warranty. It agrees that any Contract, right, interest, privilege or other obligation or benefit obtained or procured as aforesaid shall, without prejudice to any other right and remedies available to GoS under any law, Contract or other instrument, be avoidable at the option of Purchaser.

9. Notwithstanding any rights and remedies exercised by the Purchaser in this regard, [The Seller/ Supplier] agrees to indemnify the Purchaser for any loss or damage incurred by it on account of its corrupt business practices and further pay compensation to the Purchaser in an amount equivalent to ten time the sum of. any commission, gratification, bribe, finder's fee or kickback given by [The Seller / Supplier] as aforesaid for the purpose of obtaining or inducing the procurement of any Contract, right, interest, privilege or other obligation or benefit in whatsoever form from the Purchaser.

10. In case of any dispute concerning the interpretation and / or application of this Contract, it shall be settled through arbitration. The Secretary to the Government of Sindh, Health Department or his nominee shall act as a sole arbitrator. The decisions taken and / or award given by the sole arbitrator shall be final and binding on the Parties.

11. This Contract shall be governed by the laws of Pakistan and the Courts of Badin /Hyderabad / Karachi shall have the exclusive jurisdiction to adjudicate.

IN WITNESS whereof the Parties hereto have caused this Contract to be executed at_____ (the place) and shall enter into force on the day, month and year first above mentioned.

Signed / Sealed by the Manufacturer / Importer / Authorized Supplier / Authorized Agent

_____

Signed / Sealed by Purchaser

_____

WITNESS

1. _____

2. _____

1. _____

2. _____

Integrity Pact

DECLARATIOBN OF FEES.COMMISSION AND BROKERAGE ETC PAYABLE BY THE SUPPPLIERS/CONTRACRTORS/CONSULTANTS.

Contract Number _____ Dated:_____

Contract value _____

Contract tittle _____

(Name of supplier/contractor/consultant) hereby declares that it has not obtained or induced the procurement of any contract, right, interest, privilege or other obligation or benefit from Government of Sindh (GoS) or any administrative subdivision or agency thereof or any other entity owned or controlled by it (GoS) through any corrupt business practice.

_____

Without limiting the foregoing (Name of supplier/contractors/consultants represents and warrants that it has fully declared the brokerage. commission fees etc. paid or payable to anyone and not given or agreed to give and shall not give or agree to give to anyone within or outside Pakistan either directly or indirectly through any natural or judicial person, including its affiliate agent, associate, gratification, bribe finder's fee or kickback, whether described as consultant fee or otherwise, with the object of obligation or benefit, in whatsoever form, from procuring Agency (PA) except that which has been expressly declared pursuant hereto.

_____

(Name of supplier/contractor/consultant) certificate that it has made and will make full disclosure of all agreements and arrangements with all person in respect of or related to the above declaration, representation or warranty.

_____

(Name of supplier/contractor/consultant) accept full responsibility and strict liability for making any false declaration, not making full dis-closure, mis-representing facts or taking any action likely to defeat the purpose of this declaration or benefit obtained or procured as aforesaid shall, without prejudice to any other right and remedies available to PA under any law, contract or other instrument, be voidable at the option of PA

Notwithstanding any rights and remedies exercised by PAS in this regard

_____

(Name of supplier/contractor/consultant) agrees to indemnify PA for any loss or damage incurred by it on account of its corrupt business practices and further pay compensation to PA in an amount equivalent to ten time the sum of any commission, prettification, bribe,finder;'s fee or kickback given by

_____

(Name of supplier/contractor/consultant) as aforesaid for the purpose of obtaining or benefit in whatsoever form from PA

_____ _____

(Procuring Agency) (Supplier/contractor/consultant)

2. _____ 2. _____

DISTRICT HEALTH OFFICER
BADIN

The Technical Proposals will be evaluated on merits of the, followings:

S. No.	Evaluation Criteria for drugs medicines		Yes	No
01	Fulfillment of the tender conditions of ITB clause 8 & 11			
02	Technical Specification compliance. (Mandatory)			
03	Authority letter from Manufacturer/Importer (Mandatory)			
04	Wholesale drugs licence (Mandatory)			
05	Provision of sample(s) (Mandatory)			
06	Proof of financial soundness (Bank certificate) Rs.5.0(M) last year turn over			
07	General Sales Tax statement of the last year			
08	Income Tax return last year 2025-2026			
09	Audit Report of Last year 2025-2026			
10	Proven Track Record last year. 2025-2026 of applied items			
11	Appropriateness of supply schedule offered by the bidder on letter head			
12	Copy of Professional Tax Certificate			
13	Copy of Chamber & Commerce Industries Certificate			
14	Original purchase Tender Receipt			
15	Copy of Income Tax Certificate			
16	Copy of Sales Tax Certificate			
17	Under taking on stamp paper Rs.100/- that bidder is not black listed in any Government or Semi-Government institutions and nor any / pending litigation with Government or Semi-Government institutions.			
18	Registration with SBR			
19	Medicines/drugs laboratory testing report from competent authority/laboratory approved by Government of Sindh Health Department.			

CERTIFICATE

(ON LETTER PAD OF THE COMPANY)

It is certified that I have read all the Instruction to bidders and terms & conditions mentioned in the tender form, I affirm by acknowledgement that I shall abide by them strictly.

Signature : _____

Address & Stamp: _____

Phone No. _____

Witness

Name : _____

CNIC : _____

Signature: _____

FOR THE PURCHASE OF DRUGS / MEDICIN SURGICAL DISPOSABLE/LABORTARY CHEMICALS, DEVICES STATIONERY & SENATORY ITEMS AS LOCAL PURCHASE FROM 15% FOR THE YEAR 2026-2027

PRICE SCHEDULE IN PAK RUPEES

Name of Bidder _____

Sr. No	Nomenclature	Quantity required	Mg Company	Registration No IN CASE OF MEDICINCES	Unit price		Total price
1	Inj Desferal 500 mg	15000 Inj			**Rs.**	**Word**	
2	Tab Thalidomide 100mg	20000 tab					
3	Tab Thalidomide 50mg	25000 tab					
4	Inj Normal saline 1000ml	100 box					
5	Anti D(Anti-Rh)	20					
6	Sani Plast	100					
7	Anti-sera A	100					
8	Anti-sera B	100					
9	Anti-Sera D	100					
10	Inj Anti-AI	20					
11	Cotton 400gr (National)	100					
12	RPR Agglutination (1 x 500 tests)	6					
13	25% Dextrose water 20 CC	1000					
14	Justers (Micro lab) different size 2 each	10					
15	Test tube violet top	25000					
16	Yellow tips	50000					
17	Blue tips	10000					
18	CBC bottle 12x75	50000					
19	Eppendorf	5000					
	STATIONERY & SENATORY ITEMS						
1	A-4 Papers 80 gr	100 rim					
2	Legal papers 80 gr	20 rim					
3	HP Lessor printer P2015D	05					

Sr. No	Nomenclature	Quantity required	Mg Company	Registration No IN CASE OF MEDICINCES	Unit price	Total price	
4	HP Lessor printer tonners A-53	10					
5	HP Lesser printer tonners A-85	10					
6	Lamination sheet A-4	20000					
7	Jamb0 Register 20x15 500 pages	50					
8	Box file	100					
9	Dr.Prescription (specimen attached)	20000					
10	Donor history form (Specimen attached)	50000					
11	Blood arrange slip (Specimen attached)	10000					
12	Stock Register 400 pages	50					
13	Stock register 300 pages	50					
14	Ring File	100					
	SENATORY ITEMS						
1	Bleach Liquid	20 btl					
2	Brooms sticks	100					
3	Brooms Phool	100					
4	Dettol 1 ltr btl	50					
5	Hand sanitizer	50 btl					
6	Phonily	50 carton					
7	Finis 1lts bottle	50					
8	Shopper plastic 20x30	200 kg					
9	Wiper	20					
10	Sutt Poocha	100kg					

OFFICE OF THE DISTRICT HEALTH OFFICER BADIN

PROCUREMENT PLAN FOR PROCUREMENT OF DRUGS / MEDICINES SURGICAL DISPOSABLE/LABORTARY CHEMICALS, DEVICES, STATIONERY & SENATORY ITEMS AS LOCAL PURCHASE FROM 15% FOR THE YEAR 2026-2027

Sr.No	Title of procurement	Estimated costs (M)	Method of procurement	Tentative/ Actual date of NIT	Tentative/ Actual closing date of NIT	Tentative/Actual closing date of Award of contract	Tentative/Deadline /Actual date for execution.
	procurement of Drugs/Medicines, Surgical disposables/Laboratory Chemical, devices Stationery & Senatory items as local purchase form 15% of total grant-in-aid for the use of Munnu Bhai Thalassaemia Care Center Badin for the year 2026-2027	3.750(M)	Single stage two envelopes	25.8.2026	9.9.2026	2nd week of September 2026	3rd week of October 2026

DISTRICT HEALTH OFFICER
BADIN

Specimen for Printing

Thalassaemia Care Centre Badin

Civil Hospital Road Badin

Thalassaemia Care Centre Badin

Blood Donated at _____

DONOR'S INFORMATION SHEET

Date: _____ DS No. _____

Name: _____ S/O _____ Age _____ Sex _____

Occupation _____ Address _____

Tel: (Cell) _____ Office _____ Residential _____

Patient Name (F/D for) _____ M. No. _____ TC No. _____

NIC No: _____ T/No. _____

GENERAL PHYSICAL EXAMINATION:

Jaundice _____ Skin Disease _____ Temperature _____ °F

Weight _____ Kg/Pulse _____ /min B.P. _____ mmHg, Hb _____ gm/dl.

Medical History:

Any History of:-		Yes	No	Remarks
01	Previous Blood Donation			
02	Jaundice, Hepatitis B & C			
03	Heart Disease			
04	Diabetes Mellitus			
05	Bronchial Asthma			
06	Epilepsy / fits			
07	Abnormal Bleeding Tendency			
08	Tuberculosis			
09	Malaria/Fever			
10	Typhoid (within 6 Months)			
11	Measles, Mumps, Chickenpox, Rubella			
12	Thalassaemia or other red cell defect			
13	Drug abuse (Heroin, Charas, Alcohol)			
14	Medication (Antibiotics, Insulin, Aspirin)			
15	Surgery (Major, Minor) (Transfused)			
16	Vaccination (Hep, B, Rabies, Tetanus)			
17	Meals in Last 2 hrs			
18	Smoking in Last 2hrs			
For Females Only Are you pregnant, breast feeding your child, having periods, any gynecological problems?				

History taken by (Code) _____

CONSENT:-

I am donating my Blood/Blood Component Voluntarily _____

If my blood is found infected for transfusion it can be dispose of accordingly.

_____

Donor's Signature Or Thumb Impression

Civil Hospital Road Badin, Sindh, Pakistan. 0297-870622, Email: thalbadin786@hotmail.com

Specimen for Printing

THALASSAEMIA CARE CENTRE BADIN

Blood Request From

Date________ Reg No________

Name of Pt ________

Blood Group ________

Request for Blood Group ________

Signature of Doctor ________

THALASSAEMIA CARE CENTRE BADIN

Blood Request From

Date________ Reg No________

Name of Pt ________

Blood Group ________

Request for Blood Group ________

Signature of Doctor ________

THALASSAEMIA CARE CENTRE BADIN

Blood Request From

Date________ Reg No________

Name of Pt ________

Blood Group ________

Request for Blood Group ________

Signature of Doctor ________

THALASSAEMIA CARE CENTRE BADIN

Blood Request From

Date________ Reg No________

Name of Pt ________

Blood Group ________

Request for Blood Group ________

Signature of Doctor ________

THALASSAEMIA CARE CENTRE BADIN

Blood Request From

Date________ Reg No________

Name of Pt ________

Blood Group ________

Request for Blood Group ________

Signature of Doctor ________

THALASSAEMIA CARE CENTRE BADIN

Blood Request From

Date________ Reg No________

Name of Pt ________

Blood Group ________

Request for Blood Group ________

Signature of Doctor ________

THALASSAEMIA CARE CENTRE BADIN

Blood Request From

Date________ Reg No________

Name of Pt ________

Blood Group ________

Request for Blood Group ________

Signature of Doctor ________

THALASSAEMIA CARE CENTRE BADIN

Blood Request From

Date________ Reg No________

Name of Pt ________

Blood Group ________

Request for Blood Group ________

Signature of Doctor ________

Specimen For Printing

Thalassaemia Care Centre Badin

Thalassaemia Care Centre Badin

Civil Hospital Road Badin Phone 0297873235
Email Address: thalbadin786@hotmail.com

SOCIETY FOR THALLASAEMIA PATIES DISTRICT BADIN

Name: _____ F/Name: _____ Cast: _____

R.No: _____ Age: _____ Sex: _____ Date of Vist: _____

OPD No _____ NIC No _____ Contact No: _____

Address: _____

_____

Incestigation _____

Rx

Issue by: _____ Signature

Signature

Received by: _____ Signature

Signature

Thalassaemia Care Centre Badin

Thalassaemia Care Centre Badin

Civil Hospital Road Badin Phone 0297873235
Email Address: thalbadin786@hotmail.com

SOCIETY FOR THALLASAEMIA PATIES DISTRICT BADIN

Name: _____ F/Name: _____ Cast: _____

R.No: _____ Age: _____ Sex: _____ Date of Vist: _____

OPD No _____ NIC No _____ Contact No: _____

Address: _____

_____

Incestigation _____

Rx

Issue by: _____ Signature

Signature

Received by: _____ Signature

Signature