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भारत सरकार  
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निर्माण भवन, नई दिल्ली - 110011  
**Government of India**  
**Ministry of Health & Family Welfare**  
**Nirman Bhavan, New Delhi - 110011**

D.O. No.: S-12016/01/2012-NACO(NBTC)  
Dated: 21<sup>st</sup> August, 2017

Dear

I am writing this to convey the decision of the Governing Body of National Blood Transfusion Council in its 26<sup>th</sup> Meeting held on 1<sup>st</sup> June, 2017 regarding "Processing charges for blood and blood components."

It was decided to continue with the existing guidelines dated 12<sup>th</sup> February, 2014 till 31<sup>st</sup> May, 2018 or issue of new guidelines, whichever is earlier. It is reiterated that these guidelines apply to all licensed blood banks and it is mandatory to ensure provision of blood/blood components free of cost to the following patients who require repeated blood transfusion as a life saving measures :-

1. Thalassemia patients
2. Haemophilia patients
3. Sickle cell anaemia patients
4. Any other blood dyscrasia requiring repeated blood transfusions.

Government blood banks are at liberty to subsidize further or provide free blood/blood components.

Additionally, in order to promote cashless transactions, all licensed blood banks may be encouraged to consider adopting modalities of digital payments to receive processing charges of Blood and Blood components wherever applicable. This could be done through various digital modes including "Point of Sale' Machine and mobile money transfer to their operational bank account. Blood banks may prominently position the directions for the same for public convenience.

I would seek your personal attention towards successful implementation and monitoring of these guidelines.

With regards,

Yours sincerely,

  
(Sanjeeva Kumar)

To:

The Principal Secretaries (H & FW) & President State Blood Transfusion Council of all States/UTs.

Encl: Guidelines on Processing Charges for Blood & Blood Components (six pages).

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## **Guidelines for recovery of Processing Charges for Blood and Blood Components**

As per the decision taken in the 23<sup>rd</sup> Governing Body Meeting of National Blood Transfusion Council held on 2.12.2011, an Expert Group was constituted for Revision of Processing Charges for Blood and Blood Components. The Expert Group revised the Processing Charges and also considered the recommendations of 16 Member Committee constituted by Maharashtra SBTC. The report of Expert Group Committee has been approved by Governing Body of NBTC in its 24<sup>th</sup> Meeting held on 20.1.2014.

Revised guidelines for processing charges for blood and blood components for blood banks are as follows: -

1. The basic principle of non profitability should be followed in blood banking, and continue to levy no charge for blood as such, as it is to be collected from voluntary non remunerated blood donors who are not to be paid for donating blood.
2. The nomenclature of "**Service Charges**" should be changed to the nomenclature "**Processing Charges**" which are defined as the charges for processing of blood and blood components for safe blood transfusion to patients. The processing charges are not inclusive of establishment cost i.e. cost of building, equipment etc.
3. Differential cost recovery should be followed for Public and non Public sector blood banks, as processing charges would differ in private sector in view of different rates of kits and consumable offered to private blood banks by the vendors.
4. For Government blood banks, the processing charges are recommended as detailed below.

1.	Whole Blood	-	Rs. 1050/- per unit
2.	Packed Red Cells	-	Rs. 1050/- per unit
3.	Fresh frozen Plasma	-	Rs. 300/- per unit
4.	Platelet concentrate	-	Rs. 300/- per unit
5.	Cryoprecipitate	-	Rs. 200/- per unit
5. For non- government blood banks, the processing charges are worked out as detailed below.



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1. Whole Blood - Rs. 1450/- per unit
2. Packed Red Cells - Rs. 1450/- per unit
3. Fresh frozen Plasma - Rs. 400/- per unit
4. Platelet concentrate - Rs. 400/- per unit
5. Cryoprecipitate - Rs. 250/- per unit

6. Charges for any specialized requirements/tests/ procedures done by the blood bank must be disclosed to the recipient / receiver of blood.

The committee has worked out the maximum charges for the specialized tests per whole blood unit, which can be divided amongst components, as under. The charges for Chemiluminescence and antibody screening were included and charges for NAT were revised keeping in view the cost of specific reagents and additional consumables required for conducting the tests.

Tests	Charges
NAT	Rs. 1200
Chemiluminescence	Rs. 500
IV Generation ELISA (HIV)	Rs. 50
IV Generation ELISA (HBs Ag)	Rs. 50
IV Generation ELISA (HCV)	Rs. 150
Anti HBc	Rs. 250
Antibody screening (donor)	Rs. 300

The cost of specialized tests which are component specific would be added to the basic charges for that particular component.

Tests/ procedures	Charges	Applicable to
Leuco filtration Red cells	Rs. 1000	Whole blood/ Red cells
Leuco filtration Platelets	Rs. 1500	Platelets
Grouping and cross matching by automation	Rs. 280	Whole blood/ Red cells
Grouping and cross matching by semi automation	Rs. 120	Whole blood/ Red cells
Phenotyping for extended	Rs. 500	Whole

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serology		blood/ Red cells
Irradiation	Rs. 1000	Whole blood/ Red cells/ platelets/ Granulocytes
Bacterial detection	Rs. 400	Platelets

The processing charges of blood are exclusive of cost for patient antibody screening and antibody identification, charges for which may be fixed by the blood bank/ hospital.

7. Additional processing charges for blood components using Quadruple bags by buffy coat method are recommended as follows

Red Cells	Rs 150
Platelets	Rs 150
Plasma	Rs 100

8. The cost of platelet apheresis should not exceed Rs. 11000/- per unit in non government blood banks.

9. The committee is of the considered view that the charges for services being provided by blood banks may have variations due to differences in market availability of skilled manpower, items, and other ancillary requirements, which may vary from state to state, and sector to sector. However, it is necessary that the costs of providing blood are recouped by the blood banks. Accordingly, an average of these factors has been considered while arriving at the overall processing charges for blood and blood components. The guidelines so issued are indicative in nature and the concerned department of the state may take its own decisions.

10. The processing charges may be subsidized by the State Governments/ State Blood Transfusion Councils for the blood banks in the government sector and DAC supported blood banks. The State Blood Transfusion Councils may constitute an expert sub-committee to assess the additional testing/ service being included in the processing charges.

11. It would continue to remain mandatory for all blood banks (DAC supported and non-DAC supported) to provide blood/ blood components free

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of cost to the following, who require repeated blood transfusions as a life saving measure

1. Thalassemia patients
2. Haemophilia patient
3. Sickle cell anaemia patients
4. Any other blood dyscrasia requiring repeated blood transfusions

State Governments/ State Blood Transfusion Council may additionally decide to provide blood/ blood components free of cost to any other category of patients according to the State Government norms.

12. Processing charges for Blood and Blood components for below poverty line patients accessing blood from non DAC supported blood banks shall be in compliance with the charges decided by respective State Governments/ State Blood Transfusion Councils.

13. The processing charges for the blood/ blood components should be displayed prominently in the blood bank premises for the benefit of recipients.

14. The guidelines would be revised every three years.

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**Details of Recovery of Processing Charges for Blood & Blood Component**

<b>Costing for Whole Blood</b>			
<b>S.No.</b>	<b>Determinants of cost</b>	<b>Whole Blood Government</b>	<b>Whole Blood Non Government</b>
1	<b>Consumables / material</b> (including stationery & IEC)		
	<b>Blood Bags</b>	50	60
	<b>Kits for Transfusion Transmitted infection testing</b>	200	250
	<b>Donor Haemoglobin</b>	30	50
	<b>Blood Grouping</b>	70	70
	<b>Cross matching</b>	70	70
	<b>Chemicals</b>	10	30
	<b>Stationery</b>	20	50
	<b>Glassware and plastic ware</b>	70	70
2	<b>Salary</b> (human resource)	300	500
3	<b>Equipments</b> maintenance and depreciation	50	80
4	<b>Power</b> (electrical supply including generator backup)	70	90
5	<b>Biomedical waste management</b>	10	10
6	<b>Donor Refreshment</b>	25	25
7	<b>Quality Assurance</b>	25	25
		1000	1380
8	<b>Wastage</b> (@ approximately 5% for Whole Blood, 7% for Components )	50	70
	<b>Total Effective Cost</b>	<b>1050</b>	<b>1450</b>

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<b>Costing for Blood Components</b>			
<b>S.No.</b>	<b>Determinants of cost</b>	<b>Components Government</b>	<b>Whole Blood Non Government</b>
1	<b>Consumables / material</b> (including stationery & IEC)		
	<b>Blood Bags</b>	200	280
	<b>Kits for Transfusion Transmitted infection testing</b>	200	250
	<b>Donor Haemoglobin</b>	30	50
	<b>Blood Grouping</b>	70	70
	<b>Cross matching</b>	70	70
	<b>Chemicals</b>	10	30
	<b>Stationery</b>	35	60
	<b>Glassware and plastic ware</b>	100	100
2	<b>Salary</b> (human resource)	400	600
3	<b>Equipments</b> maintenance and depreciation	140	250
4	<b>Power</b> (electrical supply including generator backup)	140	200
5	<b>Biomedical waste management</b>	20	20
6	<b>Donor Refreshment</b>	25	25
7	<b>Quality Assurance</b>	100	100
		1540	2105
8	<b>Wastage</b> (@ approximately 5% for Whole Blood, 7% for Components )	110	145
	<b>Total Effective Cost</b>	<b>1650</b>	<b>2250</b>