

Laboratory NIA in Performance Monitoring

Hospital/Institution : _____ State: _____ Year : _____

Cycle (Tick ☒)January – June ☐July – December ☐

Indicator : (Tick <input checked="" type="checkbox"/>)	1. External Quality Assessment in Pre-Transfusion testing – Std \geq 90%	
	2. Percentage of donation from regular blood donors – Std \geq 65%	
	3. Percentage of febrile transfusion reaction investigation reported within 10 working days – Std \geq 80%	

Month	Numerator	Denominator	Performance achieved
January			
February			
March			
April			
May			
June			
Total Jan-Jun			
July			
August			
September			
October			
November			
December			
Total Jul - Dec			
Total January – December			

Performance achievement	Jan-Jun	Jul-Dec	Jan-Dec	RCA done if there are 2 consecutive SIQ?
SIQ (Tick <input checked="" type="checkbox"/>) If there is SIQ, fill up Form NIA SIQ/2017				

Note: This form is to be filled by respective hospital. Submit this form together with Form NIA SIQ/2022 (if required) to State QA Coordinator by 31 July for Jan-Jun cycle and 31 January for Jul-Dec cycle.