

To be filled in and Sent back to Jainam Health Services Pvt. Ltd.

PROVIDER INFORMATION SHEET

BASIC INFORMATION-

- Name of the Centre: _____
- Address : _____
- _____
- Area: _____ City : _____ Pin Code : _____ State : _____
- Nearest railway station: _____
- Established since: _____ Built up area: _____
- Landmark if any : _____ Way to approach: _____
- Type: Diagnostic centre: ___ Pathology laboratory: ___ Collection centre: ___
- Accreditation: ISO: ___ since: _____ from: _____
 NABH: ___ since: _____ from: _____
 Other: _____

TIMINGS-

Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday/ holiday
Timings							

COMMUNICATION MODES-

- STD code: _____ Tel no: _____
 Alternative Tel no: _____
- FAX: _____ Mobile: _____
- Emergency helpline no: 1. _____ 2. _____
- Email : _____ Website : _____
- Contact person: _____ Phone No: _____

GENERAL FACILITIES-

<input type="checkbox"/> Waiting area	<input type="checkbox"/> Air conditioner
<input type="checkbox"/> Toilet	<input type="checkbox"/> Car parking
<input type="checkbox"/> Attachment to other collection centres	If yes, name of collection centres: _____ _____

SERVICES-

Flat discount given on services if any: _____

Services	Method and description	Charges	Discounted charges
Irradiation of blood products			
100% component production			
Single donor platelet pheresis			
Random donor platelet concentrate			
Pooled random donor			

platelet concentrate			
Fresh frozen plasma			
Cryoprecipitate			
Complete work up for transfusion reaction			
Allo-antibody screening and typing			
Extended red cell phenotype			
Work-up for immune hemolytic anemia			
Plasmapheresis			
Red cell exchange transfusion			
Stem cell apheresis			
Leucopheresis			

Other services if any: _____

ATTACHED SPECIALITIES / TECHNICIANS-

Sr. No.	Doctor Name	Specialty
1.		
2.		
3.		
4.		
5.		
6.		

OTHER CHAINS / CENTRES IF AVAILABLE:

Name of the centre	Address	City	Contact person	Contact No.	Email

Along with information mentioned above, kindly attach the original photographs of Clinic / Centre inclusive of,

- Waiting room
- Reception
- Area outside centre
- Processing room
- Collection room
- Attach a brochure of a centre if available

Authorized Signatory

Stamp