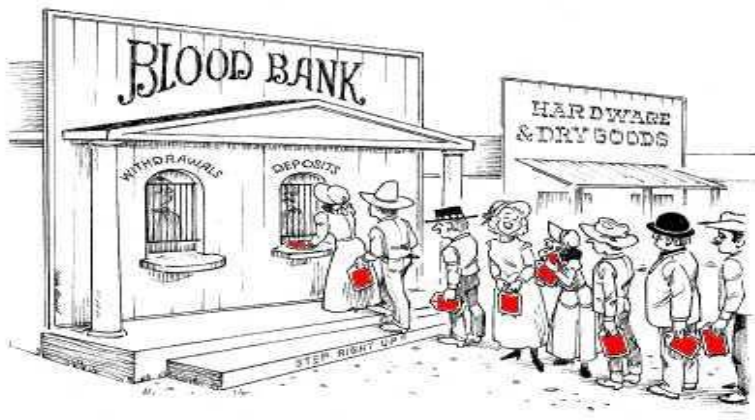

SAFETY BLOOD TRANSFUSION



BY:
JABATAN PERUBATAN TRANSFUSI,
HOSPITAL SULTANAH AMINAH JOHOR BAHRU

SAMPLING & — LABELLING —

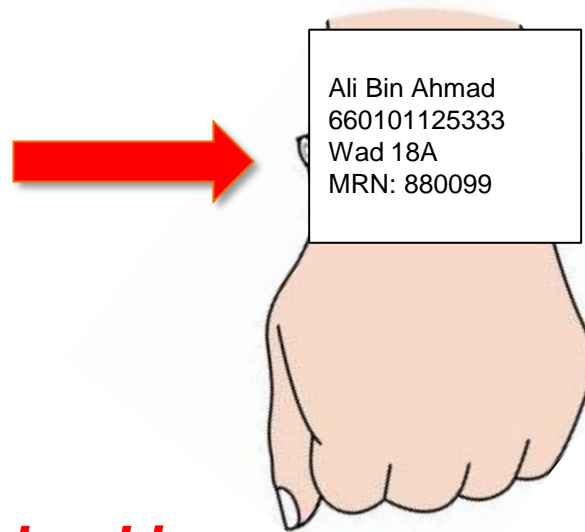
PART I

Sampling Procedure

Step 1: Ask the patient to tell you their:

Full Name + IC Number

-check patient's case note and wristband



**** Be extra vigilant when checking the identity of the unconscious patient***

Sampling & Labelling Procedure

Step 2: Blood taking, labelling & fill up the request form

**Blood Taking:
1 Patient
At 1 Time
Label At Bedside !!!**



PUSAT DARAH NEGARA (Asal)
PER-SS-BT 105

BORANG PERMOHONAN TRANSFUSI DARAH

(Mesti dipenuhi dalam dua salinan oleh Pegawai Perubatan. Tulis dengan pen mata bulat dan sila tandakan 'v' dalam petak yang sesuai.)

| | | | | | |
|---|---|---|---|-----------------------------|------------|
| Nama (Tulis huruf besar) | | No. Kad Pengenalan | | | No. Daftar |
| Hospital | Unit | Wad | Bangas | Umur | Jantina |
| Pegawai Kerajaan Ya/Tidak | Kelas | Bayar/Percoma | Pakar Perunding | Kumpulan Darah Ada/Tiada | |
| Diagnosa | Sebab transfusi darah | | | | Hb% |
| Transfusi darah masa lalu? Ya/Tidak | Jika 'ya' sebutkan tarikh transfusi darah yang terakhir | | | Komplikas? | |
| Sekiranya pesakit seorang wanita, nyatakan → | Bil. kehamilan | Bil. Lahir Mati | Tanda-tanda "Haemolytic Disease of Newborn" | | |
| Contoh darah diambil dan dilabel oleh | | Unit/mls | | Unit/mls | |
| Nama | <input type="checkbox"/> WHOLE BLOOD | <input type="checkbox"/> PLATELET CONCENTRATE | | | |
| Tandatangan | <input type="checkbox"/> PACKED CELLS | <input type="checkbox"/> CRYOPRECIPITATE | | | |
| Tarikh | <input type="checkbox"/> WASHED RED CELLS | <input type="checkbox"/> FRESH FROZEN PLASMA | | | |
| Waktu | <input type="checkbox"/> LEUCOCYTE POOR RBC | <input type="checkbox"/> CRYOSUPERNATANT | | | |
| pagi/petang | <input type="checkbox"/> GROUP, SCREEN & HOLD | | | | |

Nota:-

- Sila hantarkan 5ml contoh darah dalam tiub tanpa antibekuan.
- Dalam keadaan kecemasan, sila telefon makmal transfusi darah. Ujian Keserasian darah memerlukan masa 2 jam. Bila darah diperlukan dengan segera, ujian keserasian darah boleh dipercepatkan, tetapi lalupa keselamatan penggunaan darah adalah berkurangan dan Pegawai Perubatan yang menggunakan darah tersebut bertanggungjawab di atas segala masalah yang timbul sekiranya ada. Untuk kes-kes yang tidak memerlukan darah dengan segera, hantarkan contoh darah 24 jam lebih awal.
- Darah yang tidak digunakan pada waktu yang ditetapkan dalam tempoh 24 jam akan dibatalkan kecuali Pegawai Perubatan meminta dipanjangkan tempoh simpanannya.
- MUSTAHAK- Sila beritahu PPD dengan segera sekiranya darah yang diminta tidak diperlukan.
- AMARAN: Setiap transfusi darah membawa risiko keinfeksi.

WARNING: Every blood transfusion carries risk of infection.

Bekalan diperlukan

- Serta merta, tanpa ujian keserasian darah (untuk menyelamatkan nyawa)
- Segera (lihat Nota 2)
- Pada jampg/ptg (Lihat Nota 3)
- Disimpan selama 24 jam.

Saya di sini mengesahkan bahawa spesimen darah yang disertakan ini telah diambil daripada pesakit bernama seperti di atas, bahawa saya telah mengenalpasti identiti pesakit dengan bertanya secara langsung dan/atau dengan memeriksa gelang pengenalan pesakit, dan bahawa saya telah membebel spesimen berkenaan dengan serta merta sebaik sahaja saya

Permintaan diterima
Tarikh

Waktu

T/Rangan Tarikh & masa

**All done at
patient's
bedside.**

Sampling & Labelling Procedure

- ▶ **Pre-printed** label is **not encouraged**
- ▶ **Pre-labelling** sample is **prohibited**.
- ▶ Minimum information on the label:
 - i. Patient's full name
 - ii. Identity card number or
 - iii. Registration number

COLLECTING BLOOD AND DELIVERY TO WARD

PART II

1) Things to do before going to lab;

- ▶ Fill up “*Borang senarai semak pengambilan dan Pemindahan Darah/Komponen Darah*” part A at ward (can print from HSA website)
- ▶ Check Consent and IV Access:
No consent = **No transfusion**
No IV Access = **No transfusion**
- ▶ Bring GXM form, insulated blood box, corrugated card board ± adequate ice pack.

Checklist !!!

SENARAI SEMAK PENGAMBILAN DAN PEMINDAHAN DARAH/KOMPONEN DARAH

| | | | | | |
|---|-------------|---|---------------------|-----|-----------------|
| Nama Pesakit : | | No Kad Pengenalan : | | | |
| No RN : | Wad : | Staf Yang Bertanggungjawab Memastikan Proses Pemindahan Darah Sedia Untuk Dijalankan: | | | |
| Diarahkan oleh : | Tarikh : | Masa : | TANDATANGAN DAN COP | | |
| Proses Pemindahan Darah Sedia Untuk Dijalankan? | | | | | |
| *Informed consent* diisi dengan sempurna : YA / TIDAK ? Branula ada dan masih berfungsi dengan baik : YA / TIDAK ? | | | | | |
| Komponen Darah | Whole blood | Packed cells | Platelet | FFP | Cryoprecipitate |
| Jumlah Diambil | | | | | |

To assign responsibility to this staff to ensure patient branula functioning, and informed consent taken. This is to avoid delay/cancelled blood transfusion when blood collected from counter

Ward staff to fill up quantity of blood/blood components to be collected (NOT ordered)

This box details out:
1.What EIGHT critical info to check
2.Where (DOCUMENTS) to check

What to check include: type of blood component – some ppl confused ffp with plt or cryoprecipitate.

What to check include special blood component
•To make sure specific blood requirement met

LAPAN MAKLUMAT KRITIKAL YANG PERLU DISEMAK DI BORANG GXM, STIKER BEG DARAH DAN KAD DARAH:

- 1) NAMA
- 2) NO KAD PENGENALAN / PASSPORT
- 3) NO RN
- 4) NO BARKOD DARAH
- 5) WHOLE BLOOD / RED CELLS / PLT / FFP / CRYOPRECIPITATE ?
- 6) KUMPULAN DARAH
- 7) TARIKH LUPUT BEG DARAH

Rujuk di belakang senarai semak ini untuk Visual Guide jenis dokumen

- 8) SPECIAL BLOOD COMPONENT, JIKA BERKENAAN. (LEUCO-DEPLETED / IRRADIATED / PHENOTYPED / WASHED)

| PROSEDUR | | SENARAI SEMAK | | | | TANDATANGAN DAN COP |
|-----------------------------|--|---------------|------------|------------------|-----------|---------------------|
| JTMP Yang Membekalkan Darah | Sahkan komponen dan jumlah darah yang diambil | Check list | Borang GXM | Stiker Beg darah | Kad darah | Tarikh: Masa : |
| | Sahkan LAPAN maklumat di ATAS, tally antara dokumen. | | | | | |

Column for mlt to sign and stamp

| PROSEDUR | | SENARAI SEMAK | | | TANDATANGAN DAN COP |
|------------------------------------|--|---------------|------------------|-----------|---------------------|
| Staf Klinikal Yang Mengambil Darah | Sahkan LAPAN maklumat di ATAS, tally antara dokumen. | Borang GXM | Stiker Beg darah | Kad darah | Tarikh/Masa : |
| | | | | | |

Targeted parameters to check.

| PROSEDUR | | SENARAI SEMAK | | | TANDATANGAN DAN COP |
|-----------------------------------|--|---------------|------------------|-----------|---------------------|
| Staf Klinikal Yang Menerima Darah | Sahkan LAPAN maklumat di ATAS, tally antara dokumen. | Borang GXM | Stiker Beg darah | Kad darah | Tarikh/Masa : |
| | | | | | |

Checking process by Staff E need to be done together (simultaneously) with Staff F

| PROSEDUR | | SENARAI SEMAK | | | TANDATANGAN DAN COP |
|---------------------------------------|--|---------------|------------------|-----------|---------------------|
| Staf Klinikal Yang Menyemak Darah (1) | Sahkan LAPAN maklumat di ATAS, tally antara dokumen. Semak BERSAMA staf F. | Borang GXM | Stiker Beg darah | Kad darah | Tarikh: Masa : |
| | Bandingkan Nama, No KP dan/atau No RN pesakit pada BHT | | | | |
| | Pastikan indikasi transfusi untuk pesakit dan komponen yang betul mengikut BHT | | | | |
| | Sahkan Nama, No KP dan/atau no RN pesakit (tanya pesakit / waris / maklumat wristband) | | | | |

Crosschecking with BHT

To ensure Right Blood Component Right Patient Right Indication

Crosschecking with patient/wristband

| | PROSEDUR | SENARAI SEMAK | TANDATANGAN DAN COP |
|---|---|---------------|---------------------|
| F | Sahkan SEMUA maklumat di dalam seksyen E secara BERSAMA dengan Staf E. | | Tarikh: Masa: |
| | Tanya pesakit tentang kumpulan darah, jika berkenaan. | | |
| | Maklumkan pesakit / waris tentang jenis reaksi terhadap darah dan tindakan sekiranya ada reaksi | | |
| | Lakukan "Baseline vital signs" dan pemantauan pesakit 5 minit pertama | | |

Checking process by Staff F need to be done together (simultaneously) with Staff E

Assign responsibility to staff F to explain to patient common transfusion reaction

G) Vital Signs

| FREQUENCY | TIME | PULSE | B/P | T °C |
|-----------|------|-------|-----|------|
| Baseline | | | | |
| 15min | | | | |
| 30min | | | | |
| Hourly | | | | |

| FREQUENCY | TIME | PULSE | B/P | T °C |
|------------------|------|-------|-----|------|
| Hourly | | | | |
| Hourly | | | | |
| Hourly | | | | |
| After Completion | | | | |

LIMA JENIS DOKUMEN

1) Borang GXM

2) Stiker Beg Darah



3) Kad Darah

Visual aid to differentiate relevant documents used for pre-transfusion checking

4) BHT pesakit



5) Wristband



To explain to patient on common transfusion reaction, and what patient should do if reaction occurs

Pesakit perlu maklumkan staf dengan **SEGERA** sekiranya berlaku reaksi terhadap darah. Kesan reaksi yang utama terhadap darah:

| | | | | | |
|------------------------------|----------------------------------|----------------------------------|--------------------|--------------|---|
| Demam, Rasa Sejuk, Menggigil | Ruam, Gatal-gatal, Bengkak Bibir | Rasa Sakit Di Mana-mana bahagian | Kesukaran bernafas | Loya/ Muntah | Sebarang ketidakselesaan semasa dan selepas transfusi |
|------------------------------|----------------------------------|----------------------------------|--------------------|--------------|---|

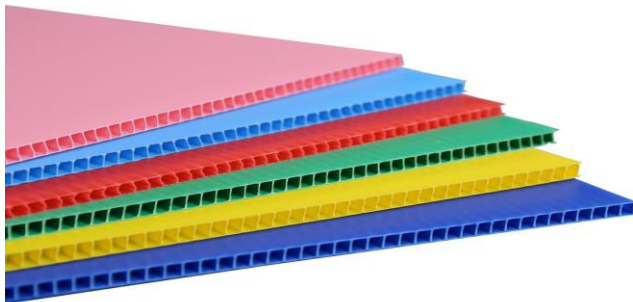
- Sekiranya ada reaksi pada darah, staf klinikal perlu:
1. Memberhentikan prosedur transfusi darah
 2. Menyemak semua 8 maklumat kritikal pada 5 dokumen.
 3. Menghubungi Pegawai Perubatan Jabatan Perubatan Transfusi Atas Panggilan.

What staff should do initially if reaction occurs

INSULATED BLOOD BOX



FROZEN ICE PACK



**CORRUGATED CARD BOARD/
THICK PAPER**
(To prevent direct contact between
blood and ice packs)

2) ATTENTION!!

| | Whole blood/ Packed Cells | Platelet Concentrate | Cryoprecipitate/ Fresh Frozen Plasma |
|-------------------|---|--|--|
| Collection | Blood Box WITH Ice | Blood Box WITHOUT Ice | Blood Box WITH Ice |
| Use | As soon as possible | Transfuse immediately | Transfuse immediately |
| Storage | +2°C to +6°C | Room Temperature + 20°C to + 24°C on agitator (DO NOT STORE IN FRIDGE) | SHOULD NOT BE STORED OR KEPT IN THE WARDS |
| Return | Immediately if not used. SHOULD NOT BE KEPT > 2 HOURS IN THE WARDS | Immediately if not used | Immediately if not used |

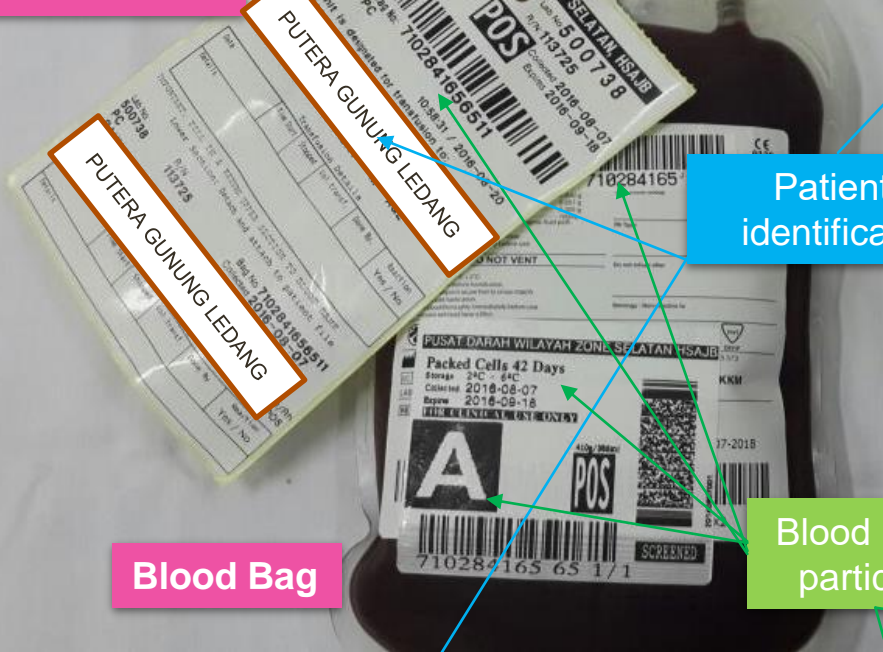
3) CHECK THE BLOOD AT 3 IMPORTANT CHECK POINTS!!!

- ▶ Purpose: To avoid transfusion error
- ▶ **3 important check points:**
 - i. Blood Bank Counter
 - ii. In the ward
 - iii. Bedside patient – **just before transfusion take place**

► **Compare** all particular and details at **4** things (refer next slide for details)

- i. Checklist “*Borang senarai semak pengambilan dan Pemindahan Darah/Komponen Darah*”
- ii. GXM Form
- iii. Blood bag
- iv. Blood card

Blood Card



Patient's identification

Blood Bag

Blood Bag's particular

Need to fill up at ward

JABATAN PERUBATAN TRANSFUSI HSAJB HSAJB/TKN/03/VER 4 0/2022

SENARAI SEMAK PENGAMBILAN DAN PEMINDAHAN DARAH/KOMPONEN DARAH

Nama Pesakit: **PUTERA GUNUNG LEDANG** No Kad Pengenalan: **A101010101A**

No RN: **000 000** Wad: **DI RAJA**

Darahkan oleh: **DR M** Tarikh: **28/7/08** Masa: **9 AM**

Proses Pemindahan Darah Sedia Untuk Dijalankan?

"Informed consent" diisi dengan sempurna (YA) TIDAK? (YA) TIDAK?

Branula ada dan masih bertunggal dengan baik (YA) TIDAK?

| Komponen Darah | Whole blood | Packed cells | Platelet | FFP | Cryoprecipitate |
|----------------|-------------|--------------|----------|-----|-----------------|
| Jumlah Diambil | | 1 pint | | | |

LAPAN MAKLUMAT KRITIKAL YANG PERLU DISEMAK DI BORANG GXM, STIKER BEG DARAH DAN KAD DARAH:

- 1) NAMA
- 2) NO KAD PENGENALAN / PASSPORT
- 3) NO RN
- 4) NO BARKOD DARAH
- 5) WHOLE BLOOD / RED CELLS / PLT / FFP / CRYOPRECIPITATE ?
- 6) KUMPULAN DARAH
- 7) TARIKH LUPUT BEG DARAH
- 8) SPECIAL BLOOD COMPONENT, JIKA BERKENAAN. (LEUCO-DEPLETED / IRRADIATED / PHENOTYPED / WASHED)

Rujuk di belakang senarai semak ini untuk Visual Guide jenis dokumen

SENARAI SEMAK TANDATANGAN HAN COP

PUSAT PERKHIDMATAN DARAH BORANG PERMOHONAN TRANSFUSI 500738 ASAL 2A1020

(Mesti dipenuhi dalam dua salinan oleh Pegawai Perubatan. Tulis dengan pen mata butai dan sila yang disediakan)

Nama (Tulis huruf besar): **PUTERA GUNUNG LEDANG** No. Kad Pengenalan: **A 101010101 A** No. Daftar: **113725**

Pegawai Kerajaan/ya/Idak: **DR ALIMIN** Kelas: **DR ALIMIN** Bayar/Percuma: **DR ALIMIN** Pakar Perunding: **DR ALIMIN** Kumpulan Darah (ada/tiada): **DR ALIMIN**

Diagnosa: **DISSECTING AORTA ANEURYSM** Sebab transfusi darah: **HYPERTENSIVE, ? LEAKING** Hb%: **13**

Diambil pada masa (ulu/ya/tidak): **OR HANISAH** Bil. Kehamilan: **OR HANISAH** Bil. lahir mati: **OR HANISAH** Tanda-tanda 'Haemolytic Disease of Newborn': **OR HANISAH**

Contoh darah diabel oleh: **OR HANISAH**

Pada: **20/8/2016** jam: **10:00** pg/plg

Nota:-

- (1) Sila hantarkan Serai contoh darah dalam tub tanpa antibekuan.
- (2) Dalam keadaan kecemasan, sila telefon makmal transfusi darah. Ujian keserasian darah memerlukan masa 2 jam. Bila darah diperlukan dengan segera, ujian keserasian darah boleh diperolehi, tetapi tahap keselamatan penggunaan darah adalah berkurangan dan Pegawai Perubatan yang menggunakan darah tersebut bertanggungjawab di atas segala masalah yang timbul sekiranya ada. Untuk ke-kas yang tidak memerlukan darah dengan segera, hantarkan contoh darah 24 jam lebih awal.

Darah yang tidak digunakan pada waktu yang ditetapkan dalam tempoh 4 jam akan dibatalkan kecuali Pegawai Perubatan meminta dipindahkan tempoh simpanannya.

PERHATIHAN - Sila berhati-hati PPD dengan segera sekiranya darah yang diminta tidak diperikan.

PERHATIHAN Setiap transfusi darah boleh menyebabkan risiko kecil infeksi. **WARNING: Every blood transfusion carries a small risk of infection.**

Bekalan diperlukan:

- (a) Serta merta, tanpa ujian keserasian darah (untuk menyelamatkan nyawa)
- (b) Segera (lihat Nota 2)
- (c) Pada..... jam..... pg/plg (lihat Nota 3)
- (d) Disimpan selama 24 jam

Tandatangan: **DR ALIMIN**

Cop dan Nama Pegawai Perubatan: **DR ALIMIN**

(Huruf Besar)

| Permintaan diterima pada | Anti A | Anti B | Anti AB | Sel A | Sel B | Sel O | DR | K/JMP. DARAH | T.T | Tarikh & Masa |
|--------------------------|--------|--------|---------|-------|-------|-------|----|--------------|------|-----------------|
| 20/8/2016 10:00 | 4+ | 0 | 4+ | 0 | 2+ | / | 4+ | A' | DR M | 20/8/2016 10:00 |

Sorlum pesakit diserahkan dengan beg darah no.

| R.T. | 37°C | AHG | T.T. | Tarikh dan Masa |
|-------------|------|-----|------|-----------------|
| A/710284165 | 0 | / | 0 | 20/8/2016 10:00 |
| A/710284368 | 0 | / | 0 | 20/8/2016 10:00 |

Requestor: **DR M A MUDA**

Date / Time: **20/8/2016 10:00**

PPDK 5

ANTIBODY SCREENING NEGATIVE

Check the blood component;



Leaking
Discolouration
Clumping

Expiry Date

If there is ANY discrepancy – DO NOT transfuse

BLOOD TRANSFUSION

PART III

Pre-administration checks

- ▶ **EXTRA PRECAUTION** for checking blood just before transfusion take place:
 - i. **Next to the patient**
 - Ask patient/next of kin
 - Check wrist band
 - ii. Check patient's case note
 - iii. GXM Form
 - iv. Blood Bag – each MUST be checked
 - v. Blood Card – each MUST be checked

Check blood group & compare it with request form

Component

Sign of deterioration

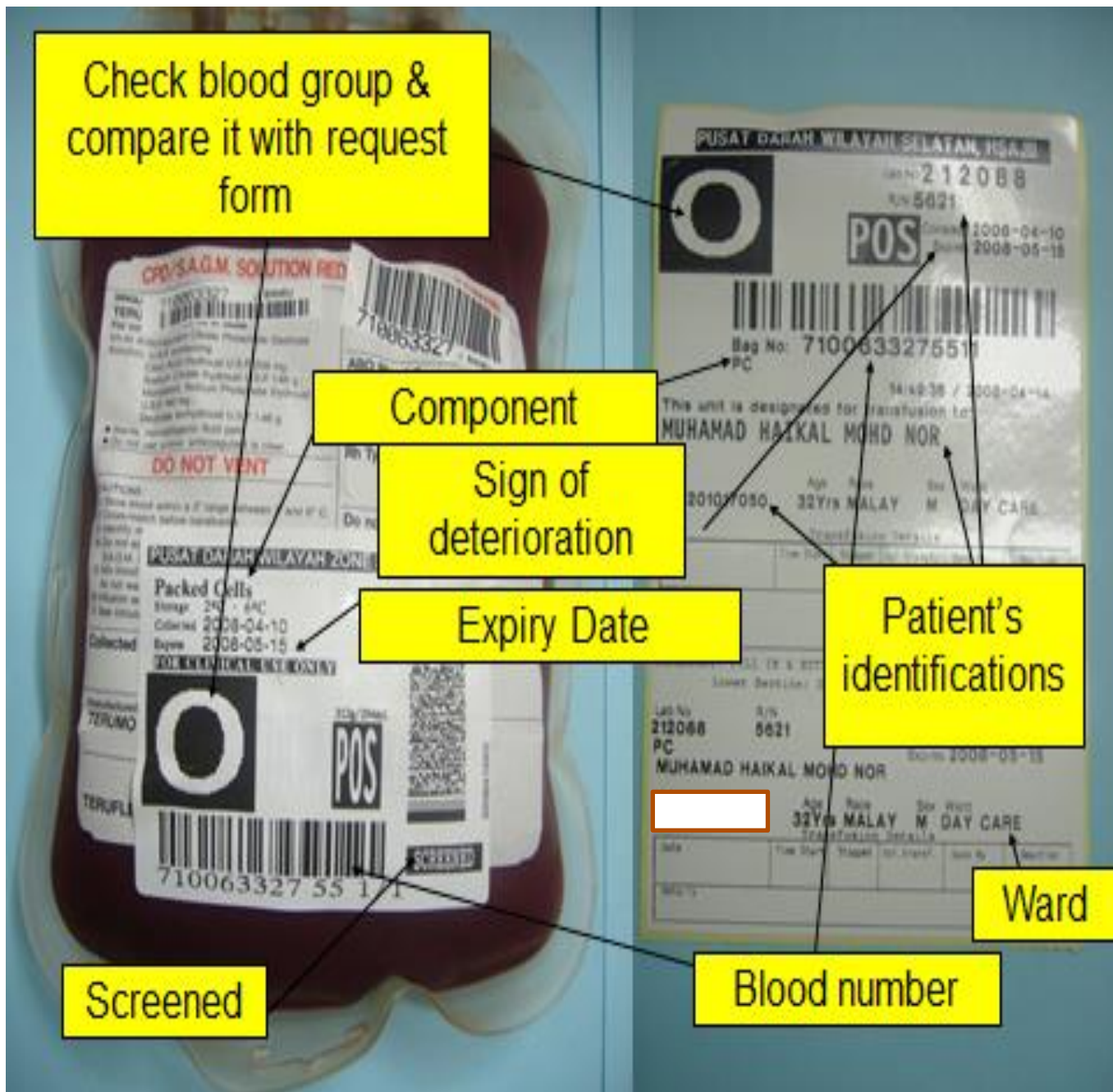
Expiry Date

Patient's identifications

Screened

Blood number

Ward

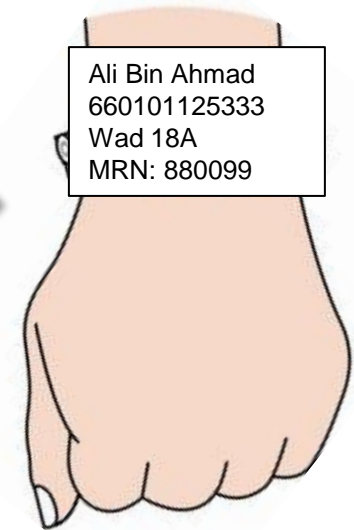


Step 1: Ask the patient to tell you their:

Full Name + IC Number

(+/- Blood group if patient know)

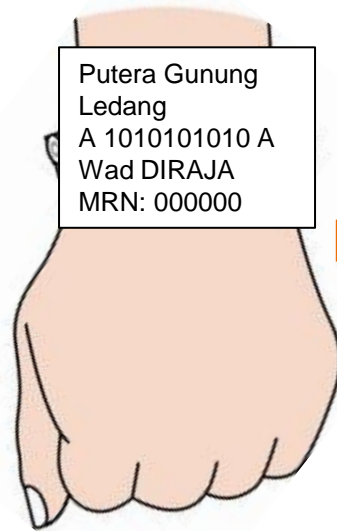
Check this information
against the patient's
ID wristband



**** Be extra vigilant when checking the identity of the unconscious patient***

Step 2: Check the patient's ID details against blood card

- ✓ Full Name
- ✓ IC Number
- ✓ MRN



PUSAT DARAH WILAYAH SELATAN, HSAJB

Lab No: **000001**
R/N: **000000**
Collected **2008-07-22**
Expires **2008-07-28**

AB POS

Bag No: **7100705800311**
PLT5

15:31:06 / 2008-07-28

This unit is designated for transfusion to:
PUTERA GUNUNG LEDANG

| I/D | Age | Race | Sex | Ward |
|----------------|--------|-----------|-----|--------|
| A 1010101010 A | 108Yrs | LAIN LAIN | M | DIRAJA |

Transfusion Details

| Date | Time Start | Stopped | Vol.transf. | Done By | Reaction Yes / No |
|---------|------------|---------|-------------|---------|----------------------|
| Details | | | | | |

IMPORTANT: FILL IN & RETURN UPPER SECTION TO BLOOD BANK
Lower Section: Detach and attach to patient file

Lab No: **000001** R/N: **000000** Bag No: **7100705800311**
PLT5 Collected **2008-07-22** Expires **2008-07-28**
PUTERA GUNUNG LEDANG

| I/D | Age | Race | Sex | Ward |
|----------------|--------|-----------|-----|--------|
| A 1010101010 A | 108Yrs | LAIN LAIN | M | DIRAJA |

Transfusion Details

| Date | Time Start | Stopped | Vol.transf. | Done By | Reaction Yes / No |
|---------|------------|---------|-------------|---------|----------------------|
| Details | | | | | |

Step 3: Check the blood card against the blood bag sticker

- ✓ Donor component number
- ✓ Blood group
- ✓ Expiry date

PUSAT DARAH WILAYAH SELATAN, HSAJB

AB POS Lab No: **000001**
R/N: **000000**
Collected: **2008-07-22**
Expires: **2008-07-28**

Bag No: **7100705800311**
PLT5

15:31:06 / 2008-07-28

This unit is designated for transfusion to:
PUTERA GUNUNG LEDANG

I/D Age Race Sex Ward
A 10101010 A 108Yrs LAIN LAIN M DIRAJA

| Transfusion Details | | | | | |
|---------------------|------------|---------|-------------|---------|-------------------|
| Date | Time Start | Stopped | Vol.transf. | Done By | Reaction Yes / No |
| Details | | | | | |

IMPORTANT: FILL IN & RETURN UPPER SECTION TO BLOOD BANK
Lower Section: Detach and attach to patient file

Lab No: **000001** R/N: **000000** Bag No: **7100705800311**
PLT5 Collected: **2008-07-22** Expires: **2008-07-28**
PUTERA GUNUNG LEDANG

I/D Age Race Sex Ward
A 10101010 A 108Yrs LAIN LAIN M DIRAJA

| Transfusion Details | | | | | |
|---------------------|------------|---------|-------------|---------|-------------------|
| Date | Time Start | Stopped | Vol.transf. | Done By | Reaction Yes / No |
| Details | | | | | |



If there is ANY discrepancy – DO NOT transfuse

OBSERVATIONS;

- ▶ Monitor vital signs – BP, PR and T° before, during & after completion of each transfusion
- ▶ Closely observe and monitor for first 5 to 10 min of the transfusion
- ▶ For PC/ WB transfusion, first 50ml of each unit should be transfused slowly
- ▶ **WATCH** for any sign and symptoms of transfusion reaction

PLEASE DO NOT KEEP THE BLOOD CARD AS YOUR COLLECTION !!!

PUSAT DARAH WILAYAH SELATAN, HSAJB

AB

POS

Lab No: **000001**

R/N: **000000**

Collected **2008-07-22**
Expires **2008-07-28**



Bag No: **7100705800311**
PLT5

15:31:06 / 2008-07-28

This unit is designated for transfusion to:

PUTERA GUNUNG LEDANG

I/D Age Race Sex Ward
A 1010101010 A 108Yrs LAIN LAIN M DIRAJA

Transfusion Details

| Date | Time Start | Stopped | Vol.transf. | Done By. | Reaction |
|---------|--------------------|----------------|----------------|---------------|-----------------|
| | 27 / 7/2008 | 3.30 pm | 5.30 pm | 50 mls | Sn / No |
| Details | | | | | Hami mah |

IMPORTANT: FILL IN & RETURN UPPER SECTION TO BLOOD BANK
Lower Section: Detach and attach to patient file

Lab No R/N Bag No **7100705800311**
000001 000000 Collected 2008-07-22
PLT5 Expires 2008-07-28

PUTERA GUNUNG LEDANG

I/D Age Race Sex Ward
A 1010101010 A 108Yrs LAIN LAIN M DIRAJA

Transfusion Details

| Date | Time Start | Stopped | Vol.transf. | Done By. | Reaction |
|---------|--------------------|----------------|----------------|---------------|-----------------|
| | 27 / 7/2008 | 3.30 pm | 5.30 pm | 50 mls | Yes / No |
| Details | | | | | Hami mah |

UPPER SECTION:
1.Fill up the details of transfusion completely
2.Return the card together with empty blood bags to **BLOOD BANK** as soon as possible.

LOWER SECTION:
1.Fill up the details of transfusion completely
2.Paste on patient's **file** for future reference.

Prevent harm by being

EXTRA-careful ^_^

Thank you.....