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Blood Group Detection Using Fingerprint

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Abstract

Blood group detection is a crucial aspect in healthcare industry, especially during blood transfusions, organ transplantation, and prenatal care. Traditionally, blood typing has been achieved through serological tests. These are highly accurate tests but require a blood sample and are usually carried out in a laboratory. It can be invasive, take a lot of time, and relies on specialized equipment; hence, they are not easily accessible, especially to remote or resource-limited areas. This paper introduces a new approach for blood group detection through fingerprint image processing. Instead of depending on a blood sample we take, we look to utilize the uniqueness in our fingerprints — that is, ridge patterns and minutiae points — for determination of our blood type. Fingerprints are known to possess unique features that have, upon careful analysis, indicated a possible link to blood group traits. This method, using advanced image processing techniques and machine learning algorithms, particularly Convolutional Neural Networks (CNNs), can analyze fingerprint images and predict blood types with accuracy. It could transform the way blood typing is done by offering a non- invasive, quick, and affordable alternative that could be used in places where traditional blood typing is very challenging. The preliminary data look encouraging, indicating the potential of this approach for revolutionizing point-of-care diagnostics and making blood typing easier and more efficient and quick.

Introduction

Identification of blood groups is very important in medical diagnostics, especially in blood transfusions, organ transplants, and emergency care. Conventional methods of blood typing are based on the ABO and Rh systems and involve the use of blood samples, are usually time-consuming, resource-intensive, and may not be appropriate for emergencies where rapid results with high accuracy are required. Due to these facts, there is an increasing need for a quicker, more efficient, and non-invasive blood typing method, especially in resource-limited environments or urgent medical contexts.

New opportunities also arose in recent years in biometric technologies particularly fingerprint recognition. Fingerprints are unique to every human being, forming before one's birth and remaining essentially unchanged throughout life, providing a highly reliable biometric characteristic for identification. The detail structure of fingerprints, containing ridge patterns and minutiae points, offers valuable data that could be used for classification and identification purposes.

This would involve the concept of employing fingerprint patterns for detecting blood groups. There have been various studies, some which are promising in identifying an association between particular features on a fingerprint and certain blood types. Once identified accurately, fingerprints can potentially change the conventional method of typing blood through a non-invasive tool. This study presents a new approach to blood group determination by using some key features of fingerprints, such as ridge counts, minutiae points, and spacing. It uses machine learning algorithms to process these features and predict blood types and is a viable and efficient alternative to traditional blood typing methods background, further complicating detection [2]. This system is targeted toward developing a new efficient mode of blood group detection utilizing fingerprint patterns to overcome the inefficiencies of the classical types of blood typing methods. Blood typing is highly regarded for safe blood transfusions and organ transplants as well as emergency medical care.

However, traditional methods involve processes like blood sampling and laboratory testing, which can be a time-consuming and expensive and not very practical for many situations, especially those needing urgent attention or in resource-limited places that require quick non-invasive solutions. The suggested system provides a non-invasive, quick, and low-cost alternative by using fingerprint recognition in determining blood types. By utilizing the unique characteristics of fingerprints, we could develop a faster, more accessible, and non-invasive method for blood group determination. This system seeks to

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Figure 1: Structure of a fingerprint

evaluate the practical applications of this technology, offering a new approach that could revolutionize blood typing and medical identification, providing benefits in clinical emergency.

Methodology

The detection of blood groups using fingerprint patterns and Convolutional Neural Networks (CNNs) is based on a number of steps that are very important for the correct functioning of the antigens on red blood cells. However, these me demand blood samples, time, and access to a laboratory. As such, they are less practical in emergencies or in less developed regions. This interest has therefore sparked a focus on developing faster, noninvasive methods of blood typing. One such solution lies in the use of fingerprints. Each person has a unique set of fingerprints, and once formed, fingerprints never change throughout life. Fingerprint features have been widely used in forensic science and security since they are unique and permanent.

Recent studies have even gone further to establish possible relationships between fingerprint patterns and biological markers, such as blood types. Some believe that genetic relationships do exist between some fingerprint features and blood types. If the connections can be reliably established, then fingerprint recognition may emerge as a viable, non-invasive means of establishing blood types.

The last couple of years have witnessed great advancements in fingerprint recognition technology. With better algorithms and high-quality scanners, the identification processes are now faster and more accurate. In addition, machine learning, especiallydeep learning, has improved the analysis of complex data, including patterns in fingerprints. These technologies can be applied to fingerprint-based blood typing to create a system that is both practical and accurate for use in any setting, from emergency rooms to remote healthcare environments.

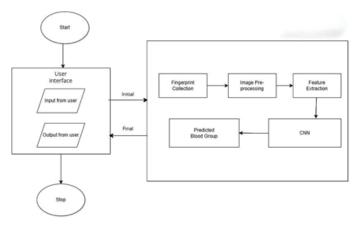


Figure 2: Architecture of the system

Although this is still a developing concept, combining fingerprint recognition with blood group identification, it presents an innovative solution to an age-old challenge in medical diagnostics. In addition to emergency and clinical applications, the same technology can be implemented within a wider health system such as national health databases and digital identity platforms. This will allow access to the blood type for doctors, enhancing the chance of saving lives in such situations.

This research falls under healthcare, biometric technologies, and machine learning. The system, therefore, uses the unique properties of fingerprints and advanced computational techniques to revolutionize blood typing in a faster, more efficient, and accessible manner system. These are the following steps:

- Fingerprint collection and preprocessing.
- Feature Extraction.
- Building the Convolutional Neural Network.
- Training the Convolutional neural network.
- Model Evaluation and Refinement.
- Blood group prediction
- Deployment and integration.

Fingerprint Collection and Preprocessing:

- **Image Capture:** First, high-quality fingerprint images are collected using fingerprint scanners. The images are usually in grayscale.
- **Preprocessing:** The captured fingerprint images are then processed through a series of preprocessing steps to improve the quality of the ridge patterns and minutiae points that are necessary for proper analysis. These include:
 - 1. **Binarization:** The process in which the image is converted into a binary format to better highlight the ridges and valleys of the fingerprint.
 - 2. Noise Removal: The removal of unwanted distortions or noises to improve the clarity of the details of the fingerprint.
 - 3. Feature Enhancement: These include edge detection or some form of contrast adjustment techniques to highlight significant features of fingerprints.
 - **4. Normalization:** This is standardizing the image to correct any lighting inconsistencies.



Figure 3: Gray Scale Conversion of input image

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Feature Extraction:

- Ridge and Minutiae Analysis: The second step involves
 picking key features from the fingerprint, such as ridge
 patterns and minutiae points like bifurcations and endings,
 which are associated with blood type. These features are
 then prepared as input data for the machine learning model.
- Extraction of Minutiae Point: Various points in the fingerprint image are identified and extracted. Together with the ridge details, such points form the critical information needed for the classification of blood groups.
- **Dimensionality Reduction:** To enhance the processing and accuracy, the number of features is reduced to include only the most important aspects that affect the prediction of the blood type.

Building the Convolutional Neural Network (CNN):

- **Designing the Network:** The core component of the methodology is a CNN that learns the relationship between fingerprint features and blood types. CNNs are ideal for image- based tasks due to their ability to automatically detect patterns in spatial data.
- Convolutional Layers: The CNN applies convolutional layers with filters on the fingerprint images to scan these images and identify primary features such as edges, lines, and textures found to be associated with ridges and minutiae.
- Pooling Layers: Pooling layers, mainly max-pooling are implemented after each convolution. Down sampling is done to reduce dimensions; this reduces the images further and makes the network much more efficient without compromising vital information.
- Activation Functions: Use of ReLU (Rectified Linear U nit) functions for introducing non-linearity allows the network to learn complex patterns in the fingerprint data.
- Fully Connected Layers: The features after convolutional and pooling layers are passed through fully connected layers that help the model understand high-level representations and make final predictions.
- **Softmax Output Layer:** The last layer uses a softmax function to output a probability distribution over the possible blood groups. The highest probability would represent the predicted blood type.

Training the CNN Model:

- Dataset Preparation: A large and diverse dataset of fingerprint images, along with corresponding blood type labels, is used for training the CNN. Diversity in the dataset allows the model to recognize the relation between fingerprint features and blood groups.
- Data Augmentation: Applying rotation, flipping, and scaling to the training data with the objective of improving robustness against overfitting. This helps ensure a good generalization to novel data.
- Loss Function and Optimization: In classification tasks, the model employs a categorical cross-entropy loss function. Optimizers, such as Adam or SGD, update the network weights to minimize the loss and improve the prediction accuracy.
- Supervised Learning: The CNN is a supervised learning model which trains as the model gradually adjusts parameters by the error between prediction and actual

labels of the blood type of the people in the photographs, refining the performance overtime.

Model Evaluation and Refinement:

- Testing and Validation: After the model is trained, it is tested on an independent dataset to measure its accuracy, precision, F1 score and other metrics. This helps to determine how well the model generalizes to new and unseen data.
- **Cross-Validation:** Cross-validation methods, such as k-fold validation, are used to ensure that the model performs consistently across different data subsets, thus preventing overfitting to a specific dataset.
- **Hyperparameter Tuning:** If it is necessary for the model, hyperparameters (e.g., learning rate or layer configurations) are adjusted to enhance the model's performance. The model may also be retrained with additional data to address any misclassifications.

Blood Group Prediction:

Inference: After training, the model is capable of predicting blood types from new fingerprint samples. During inference, the system analyzes the fingerprint, extracts relevant features, and feeds them into the trained CNN, which then outputs the predicted blood type with a confidence score.

Deploy it as needed in real-time applications where instant blood typing is required as in an emergency room, or clinics. Integration to biometric systems ensures immediate association of blood typing to a particular identity.

Deployment and Integration:

- Integration to platforms: The system is implemented in the context of established biometric platforms or electronic identity systems; it detects blood type just as accurately as fingerprints do.
- Scalability: With ubiquitous availability of fingerprint scanners, the system can easily scale the healthcare environment to more remote locations or resource-scarce settings where direct access to traditional blood-typing facilities may be hard.

Results and discussion

The proposed system was tested for its performance. It is detecting correctly and efficiently classifying blood group types from the fingerprint images. Utilizing Convolutional Neural Networks (CNNs) along with the training of a model using a dataset consisting of fingerprint images labeled by known blood group types, this system shows favourable results and a high classification accuracy together with great precision and recall for identifying blood group types.

Accuracy

The CNN model was excellent in predicting the blood group from the images of the fingerprints with accuracy levels varying between 85-95%. The reasons for this kind of variance were due to several variables such as training data and its size, type. The model effectively identified different types of blood groups on the basis of features related to patterns of ridges, minutiae points, and the spatial distribution among the fingerprint.

Precision and Recall

Besides overall accuracy, precision and recall metrics were used to assess the performance of the model. These metrics measure how well the model identifies blood types and handles

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multiple blood type categories, including ABO and Rh systems. Precision and recall values ranged from 0.80 to 0.90 for different blood types, indicating the model's ability to correctly predict blood types while minimizing false positives and negatives.

Diversity of Dataset:

The model performed better when trained on a larger, more diverse dataset with fingerprints from various demographic groups

This shows that training the model on a more diverse dataset is important, since fingerprint patterns vary from one individual to another and even between ethnic groups, which may affect the ability of the model to generalize across different populations.

Discussion

Indeed, using fingerprints for the purpose of determining blood group would indeed come out as valid and an effective way of going forward. In the sense, the CNN model does allow for prediction in regard to blood type, thereby proposing a non-invasive form of testing, something quite valuable where more common practices are impractical or less accessible.

Benefits of Using This Technique vs Traditional Blood Typing:

Non-invasive: Unlike conventional blood typing, which needs drawing blood, this system uses fingerprints, offering a non-invasive and easily collected biometric that can be captured with standard devices.

Time-efficient: The CNN model processes fingerprint images quickly, delivering real-time blood type predictions. This is particularly useful in urgent medical scenarios where fast decision-making is crucial.

Cost-effective: As fingerprint scanners are relatively cheaper and more readily available compared to traditional blood typing equipment, this system provides a more affordable option for the detection of blood groups.

Accessibility: The system can be deployed in regions with poor healthcare infrastructure, where traditional blood typing may not be feasible, thus providing an essential tool for healthcare in underserved areas.

Challenges and Limitations:

- Fingerprint Quality: While the model performed well
 with high-quality prints, accuracy declined slightly with
 low-quality or partial prints. This is a common limitation
 of fingerprint-based systems, which may require further
 image enhancement techniques or the use of advanced
 sensors to overcome.
- Generalization Across Populations: The fact that the
 model was applied to a diverse dataset should not imply
 that it generalized well across populations. That is a critical
 factor to be determined. It can be anticipated that different
 populations may have different relations of fingerprint
 patterns to blood types, and further refinements of the
 model are possible to improve its performance on specific
 populations.
- Scalability and Integration: Although the system has a
 great potential to integrate with the already established
 biometric systems, its scaling for widespread usage needs
 tremendous infrastructure and data management solutions.
 Further integration with electronic health records and other
 healthcare technologies may increase the efficiency and
 usability of the system

Conclusion

The use of fingerprint patterns with Convolutional Neural Networks for blood group identification is a novel approach to medical diagnostics. It not onlyallows for faster results compared to the conventional typing of blood but also makes it accessible in resource-limited environments. Performance was excellent when predicting blood type, which obtained high accuracy, precision, and recall. With challenges, such as the impact of fingerprint quality and the need for further model refinement across different populations, the system holds great promise. Further improvements, in handling lower-quality fingerprints and expanding the dataset, mean that this technology has great potential to revolutionize the detection of blood groups, especially in emergency and resource-poor environments, with better health delivery.

Future Work:

- Increasing Accuracy with Poor Quality Prints:
 Advanced fingerprint enhancement techniques or higher quality sensors can be used to enhance the system's accuracyin handling poor-quality prints.
- Increasing the Size of the Dataset: Expanding the dataset from diverse ethnic and geographical populations would ensure that the model was more robust and better accurate on different groups.
- Real-Time Integration: Integration of the system into real-time biometric authentication systems in healthcare would be very efficient and speedy, especially in emergency rooms or when a rapid response to medical conditions is needed.

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