

NAME & ADDRESS OF BLOOD BANK

Licence No.:- _____

QC OF FRESH FROZEN PLASMA & CRYOPRECIPITATE (CS-7)



| DATE | UNIT NO. | DATE OF COLLECTION | DATE OF EXPIRY | VOL (ml) | FIBRINOGEN (200 to 400 mg) | F-VIII | | PREPARED BY | TESTED BY | REMARKS |
|------|----------|--------------------|----------------|----------|----------------------------|-----------------|---------------------|-------------|-----------|---------|
| | | | | | | FFP 0.7 UNIT/ML | CRYO 80-120 IU/UNIT | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Signature of Quality Manager/Technical Supervisor:- _____