NAME & AI	DRESS OF	BLOOD BANK
Licence No.:		

Name of Organization	
Licence Number of Organization	_
Approved By GPCB till	



Month:-		
IVIOTILIT.		

BIOHAZARD WASTE DISCARD REGISTER (TTI-4)

BLOOD BAG					BLOOD BAG BLOOD SAMPLE CATEGORY OF WASTE												
DAT E UNI T REASON FOR DISCARDIN G	FOR	REASON FOR	SIGN.	GN.		AUTOCLAVE DETAILS *		PATIENT	DONOR	- DATE	BLACK BAG (No. & Weight)	YELLOW BAG (No. & Weight	RED BAG (No. & Weight	PUNCTURE PROOF CONTAINE R	GREEN BAG (No. & Weight	SENT	SUP ERVI SED BY
	TECHNICI AN	DOCTOR	DATE	DONE BY	SIGN.	(From -To)	(From –To)	ВҮ									

										Signature	:	<u> </u>			
Autocl	aving do	ne at 121 degre	ee centrigrad	e, at a pressu	ure of 15lbs fo	or 15 mins.	Indicator s	trip shall be	e used.				-		
						Guiarat	t State (`ouncil fo	or Blood ⁻	Transfu	 sion	22	 •		
						Gujarai	Julie	council it	JI DIOOG	i i ai i si a	31011				