NAME & ADDRESS OF BLOOD BANK

_____

_____

Licence No.:-_____

Daily Whole Blood/ Red Blood Cells Stock Register (CM-9)

Date:- _____

Total:- _____

Sr. No.	A POS.		B POS.		AB POS.		O POS.	
	UNIT NO.	EXPIRY DATE	UNIT NO.	EXPIRY DATE	UNIT NO.	EXPIRY DATE	UNIT NO.	EXPIRY DATE
TOTAL								

A NEG		B NEG.		AB NEG.		O NEG.	
UNIT NO.	EXPIRY DATE	UNIT NO.	EXPIRY DATE	UNIT NO.	EXPIRY DATE	UNIT NO.	EXPIRY DATE
TOTAL							

Sig of technician:_____ Sig. of Supervisor/ Technical Manager:_____