NAME & ADDRESS OF BLOOD BANK

_____

_____

Licence No.:-_____

Anti-A _____ Anyi-B_____ Anti-AB_____Anti- D1/D2_____

BATCH NO:-/ LOT NO:-

Donor Cell Grouping Register (CM-5)

Date	Unit No.	Anti-A	Anti-B	Anti-AB	Anti-D1	Anti-D2	Weak 'D'	Final ABO & Rh Group	Remark	Sign

Sig. of Supervisor/ Technical Manager:_____