NAME & ADDRESS OF BLOOD BANK

_____

_____

Licence No.:-_____

Donor Serum Grouping Register

(CM-6)

Sample No._____

Pooled 'A' cells_____,_____,_____

Pooled 'B' cells_____,_____,_____

Pooled 'O' cells_____,_____,_____

Date of preparation of Pooled cells:_____

Donor Unit No.	Pooled 'A' Cell	Pooled 'B' Cell	Pooled 'O' Cell	ABO Serum Grouping	Remark	Sign

Sig. of Supervisor/ Technical Manager:_____