NAME & ADDRESS OF BLOOD BAT	NK
Licence No.:	

Blood Compatibility & Issue Register (CM-7)



Sr. No.	Blood Bank Request No.	Name of Patient	Patient Reg. No.	Ward / Unit / Hospital Name	Patient Blood Group	Indication for Transfusion	Compatibility testing report	Compatibility testing done by	Unit No. Issued	Type of Blood Component	ABO / Rh of Unit	Date & Time of Issue	Sign of Issuing Person	Sign of Receiving Person
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