



NAME & ADDRESS OF BLOOD BANK

Licence No.:- _____

Master Register
(CM-10)

Unit No.	Name and address of the donor	Date of Collection	Date of Expiry	Component Prepared	Quantity in ml	ABO / Rh Blood Group	Results of TTI testing					Utilization Issue No. (BBR No. / Pt's Reg. No.)	Remark	Sign of Technicians
							Anti-HIV 1&2	Anti-HCV	HBs Ag	Syphilis	Malaria			

Sig. of Supervisor/ Technical Manager:_____

Sig. of Medical Officer I/C:_____