

NAME & ADDRESS OF BLOOD BANK

Licence No.:-

BLOOD COMPONENT SEPARATION REGISTER (CS-1)



UNIT NO.	COLLECTION DATE	SEPARATION DATE	BATCH NO.	TYPE OF BLOOD BAG USED DB/TB TBS/QB	WB VOL. (ml)	BLOOD GROUP	RBC-LR		RBC		RDP		FFP		CPP		CRYO - PPT		TIME OF COLLECTION	TIME OF SEPARATION	TIME OF STORAGE	REF. CENTRI. ID NO.	PREPARED BY	REMARKS
							VOL. (ml.)	EXP.	VOL. (ml.)	EXP.	VOL. (ml.)	EXP.	VOL. (ml.)	EXP.	VOL. (ml.)	EXP.	VOL. (ml.)	EXP.						

DB-Double Bag / TB-Trippl Bag / TBS- Trippl Bag SAGEM / QB -Quadruplicate Bag

Signature of Quality Manager/Technical Supervisor:-