NAME & ADDRESS OF BLOOD BANK

____

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Licence No.:-______________________________

QC OF RED BLOOD CELL (PREPARED FROM 450ML WB) (CS-9)

DATE : ____ / ____ / 201__

DATE	UNIT NO.	VOUME (ml)	HCT %	CENTRIFUGE ID	PREPARED BY	TESTED BY	REMARKS
ACCEPTED RANGE		280 ± 40	70 ± 5				

Signature of Quality Manager/Technical Supervisor:-___________________________________