

NAME & ADDRESS OF BLOOD BANK

Licence No.:- _____

**FRESH FROZEN PLASMA INVENTORY RECORD
(CS-4)**



DATE : ___ / ___ / 201__

SR. NO.	A POS.		B POS.		AB POS.		O POS.		A NEG.		B NEG.		AB NEG.		O NEG.	
	UNIT NO.	EXPIRY DATE	UNIT NO.	EXPIRY DATE	UNIT NO.	EXPIRY DATE	UNIT NO.	EXPIRY DATE	UNIT NO.	EXPIRY DATE	UNIT NO.	EXPIRY DATE	UNIT NO.	EXPIRY DATE	UNIT NO.	EXPIRY DATE

Signature of Quality Manager/ Technical Manager: _____ Signature of Technician: _____