

NAME & ADDRESS OF BLOOD BANK

Licence No.:

QC OF SALINE WASHED RED CELLS
(CS-6)



DATE : / / 201

DATE	UNIT NO.	TYPE OF BAG USED	DATE OF BLOOD COLLECTION	PRE-WASH		POST-WASH		REDUCTION OF WBC (%)	LOG REDUCTION	TIME TAKEN FOR WASHING	PROTEIN ESTIMATION-POST WASH			PERFORMED BY	REMARKS (OPEN/ CLOSED SYSTEM)	TOTAL PRODUCT LOSS (%)
				VOL (ml)	WBC COUNT PER BAG	VOL (ml)	WBC COUNT PER BAG				ALBUMIN	GLOBULIN	TOTAL PROTEIN			

Signature of Quality Manager/Technical Supervisor:-

