

NAME & ADDRESS OF BLOOD BANK

Licence No.:- _____

**OUT DOOR BLOOD COLLECTION
CAMP CHECK LIST
(BD-7)**

DATE: _____

TIME: _____

No. of Potential Donors: _____ Name & mobile no: of Organizer: _____

Address: _____

No.	Item	No. taken	No. brought back
1	B.C.M		
2	B.P instrument		
3	Bed sheets		
4	Biscuits/ snacks		
5	Blood bag trays		
6	Blood bags (350 ml)		
7	Blood bags (450 ml)		
8	Bowl		
9	Coolant pack		
10	Coplin jar		
11	Cotton		
12	CuSo4 solution		
13	Donor bed		
14	Donor card		
15	Donor forms		
16	Donor register		
17	Emergency kit		
18	Gloves		
19	Glucose		
20	Hand gripper		
21	Hypochlorite solution		
22	Insulated box		
23	Lancets/needles		
24	Micropipette		
25	Motivational posters		
26	Needle destroyer		
27	Normal saline		
28	Sealer		
29	Small stools		
30	Spirit & Betadine		
31	Sterilium		
32	Stethoscope		
33	Sticking plaster roll		
34	Stripper		
35	Test tubes for samples		
36	Tips		
37	Tube racks		
38	Venue poster		
39	Waste discard bags		
40	Weighing scale		
41	Other		

Prepared by:- _____
Signature/ Date:- _____Verified by:- _____
Signature/ Date:- _____