

**NAME & ADDRESS OF BLOOD BANK**

\_\_\_\_\_

Licence No.:- \_\_\_\_\_

**DAILY CHARGE HAND OVER REGISTER**  
**(GD-1)**



DATE	TIME	Name of Technician handing over charge	Name of Technician taking charge	PENDING WORK TO BE DONE												Signature of technician taking over charge		
				Blood grouping	Cross Matching	IAT	DAT	TTI/MP/RR	Issue	Component separation	Phlebotomy	Temperature recording	Housekeeping	Others				

Signature Of Quality Manager/Supervisor:- \_\_\_\_\_