

NAME & ADDRESS OF BLOOD BANK

Licence No.:- _____

DAILY QUALITY PARAMETERS TO BE CHECKED FOR ANTISERA (GD-21)

MONTH & YEAR:- _____



DATE	STORAGE TEMPERATURE FOR ALL	APPEARANCE (clear/particle/precipitates/gel)							Specificity					Avidity					Done by	Remarks
		Anti A	Anti B	AntiD		Anti AB	AHG	Bovine albumin	Anti A	Anti B	Anti AB	AntiD		Anti A	Anti B	Anti AB	Anti D			
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Quality requirements: As given in format for checking each lot

