



NAME & ADDRESS OF BLOOD BANK
Licence No.:- _____

RAPID AND OTHER TESTS REGISTER (TTI-5)

KIT DETAILS	HIV	HBsAg	HCV	SYPHILIS	MP
KIT NAME					
LOT. NO					
EXPIRY DATE					

DATE	UNIT NO.	HIV		HBsAg		HCV		SYPHILIS		MP		DONE BY	VERIFIED BY
		Control	Test	Control	Test	Control	Test	Control	Test	Control	Test		

Remark: In case of change in the lot no. please change the worksheet

