

B- Issue form for Inter Blood Bank Transfer of Blood/Components

Date:
Time:

To,

The Blood Bank I/C,
Name & Address of Blood Bank (Recipient)

.....
.....
.....

Dear Sir/Madam,

The following units of Blood / Components are issued for use in your Blood Bank as per request dated..... It is certified that all units detailed below are tested and found non-reactive for TTI (Syphilis, Malaria, HIV, HBV, HCV) and are being transported in requisite temperature.

S.No	Blood Unit No.	Blood Group	WB / Comp	Date of Collection	Date of Expiry	Status of Testing					Date of Testing	Segment No.
						Syphilis	Malaria	HIV	HBV	HCV		
1												
2												
3												

Name of I/C Blood Bank (Supplier)
Blood Bank Name & Contact Details
.....
With Signature & Seal

.....

Receipt

1. Name of Recipient Blood Bank:- _____
2. Address :- _____
3. Phone Number: _____
4. License No: _____ Valid upto: _____
5. RBTC NO: Yes/No _____

Received Blood and Blood Components as detailed above

Signature of I/C Blood Bank (Recipient) with seal

Date:.....
Time:.....

Note: Fill two copies of this form. One signed copy of each to be retained in supplier blood bank and recipient blood bank.