

A- Request Form for Inter Blood Bank Transfer of Blood/Components

Date:
Time:

To,

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

Dear Sir/Madam,

Please issue the following tested Blood Units/ Components as detailed below for use in Blood Bank at requisite temperature.

S.No	Blood Group	Whole Blood/ Components	No. of units required
1			
2			
3			
4			
5			

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

.....
..

Receipt

1. Name of Supplier Blood Bank:-_____
2. Address :-_____
3. Phone Number:_____
4. License No:_____ Valid upto:_____
5. RBTC: YES/NO_____

Received request dated as detailed above.

Signature of I/C Blood Bank (Supplier) 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.