

(For Blood Bank use only)

Sr. No.	Blood unit no.	Blood Group of unit no.	Segment No.	Type of component	Result of Cross Match	Date & Time	Sign of Technician	Remark
1								
2								
3								
4								
5								
6								

Please read Instruction

1. Please take care to identify the patient.
2. Please fill all the detail mentioned in Requisition form otherwise it will be not accepted.
3. Please send 2 ml of blood in EDTA & 3 ml in Plain vacutainer with proper labeling which include full name of patient, ward, registration no., date & time of collection. Incompletely labeled sample will not be accepted.
4. Requisition form and sample with discrepancy are unacceptable.
5. For paediatrics patients (age < 6 month), please send mother's sample.