

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

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

To.

The Blood Bank I/C,

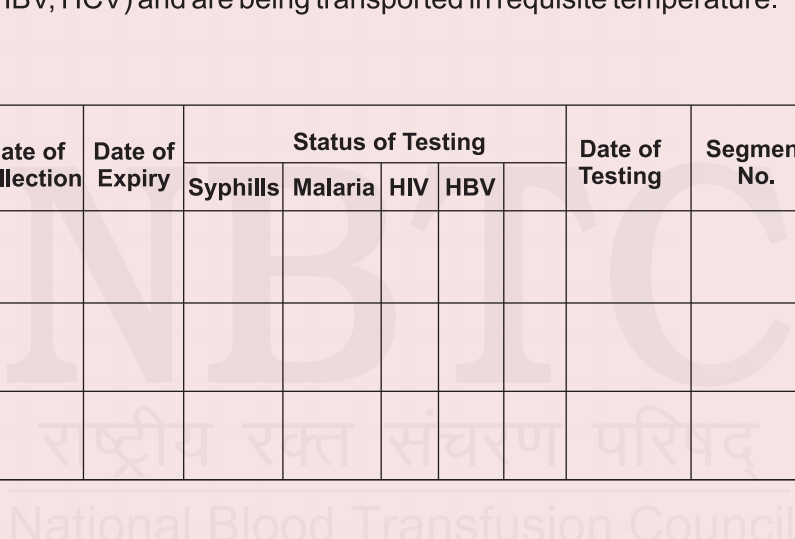
Name & Address of Blood Bank (Recipient)

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

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 (Syphills, 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. |
|------|----------------|-------------|----------|--------------------|----------------|-------------------|---------|-----|-----|-----------------|-------------|
|      |                |             |          |                    |                | Syphills          | Malaria | HIV | HBV |                 |             |
|      |                |             |          |                    |                |                   |         |     |     |                 |             |
|      |                |             |          |                    |                |                   |         |     |     |                 |             |
|      |                |             |          |                    |                |                   |         |     |     |                 |             |



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 Blood and Blood Components as detailed above.

**Signature of 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.