

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 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.