



**All India Institute of Medical
Sciences, Rajkot
Department of Transfusion Medicine**

**BLOOD STORAGE UNIT
License No. G/BSC/288
DEMAND NOTE**



TO,
THE BLOOD BANK OFFICER,

Patient Name: _____
Please supply _____ bag of whole Blood/component _____ for the above
patient with Registration no. _____, BG no. _____

Doctor's Name: _____ Date: _____
Signature: _____ Time: _____



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