

ISSUE SLIP
TO,
BLOOD STORAGE CENTRE,
ALL INDIA INSTITUTE OF MEDICAL
SCIENCES, RAJKOT



WARD		DATE	
PATIENT NAME			
INDOOR NO.			
SR. NO.	WB/COMPONENT	No. of Unit Required	
1	Whole Blood		
2	PCV/RCC		
3	Fresh Frozen Plasma (FFP)		
4	Platelet Concentrate		
Name of Dr.			
Designation			
Signature			

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