

STATE BLOOD TRANSFUSION COUNCIL

Monthly Blood Storage Centre Report Book

For Computerised Reporting log on to Website: www.mahasbtc.org

Address for Correspondence
State Blood Transfusion Council, Maharashtra State
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Form : (B)						N	lont	thly	Blo	ood	Stor	age C	entre	Repoi	t				Year :	1	
NAM	E OF MOTHER BLOOD CENTRE :		DISTRICT:						SBTC ID : bb FDA Lic. No.:					Month:							
			BLOOD UNITS SUPPLIED FROM BLOOD CENTRE TO BLOOD STORAGE CENTRE								TRE TO	BLOOD UNITS ISSUED FROM BLOOD STORA					GE				
SR. NO.	NAME OF BLOOD STORAGE CENTRE, CONTACT PERSON & PHONE	FDA Lic. No. & Validity A +Ve	Α	B +Ve	AB +Ve	O +Ve	A -Ve	B -Ve	AB -Ve	O -Ve	Total Blood Units Supplied	Obstetrics & Gynaec	Pediatrics	Thalassemia, Haemophilia, Sickle cell A. & Blood Related Diseases	Anemia	Surgery	Accident	Other	Total Blood Units Utilised	Discarded	Reason for Discard
															Sign.of I/C Blood Centre with Stamp						