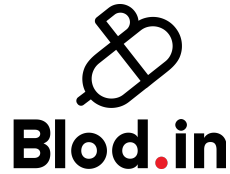


ORDER SUMMARY



Invoice Date : 24/08/2024
Customer Ref No. : 1709561479343
Order Type : Regular

State : TAMIL NADU
State Code : TN
Place of Supply : CHENNAI

Details of Patient

Name : Test Name
Patient ID : 342GYU765
Request ID : 7f092413
Blood Group : O+
Blood Component : Whole Blood
No. of units : 2
Reason : reason

Details of Hospital

Hospital Name : Ponky Half Credit Hospital
Hospital Address : Anna Nagar, Chennai, Tamil Nadu, India
State : TAMIL NADU
State Code : TN

Details of BloodBank

Blood Bank Name : Brown Blood Bank
State : TAMIL NADU
State Code : TN

Sr. No	Description of Goods/Services	HSN/SAC Code	Quantity	UOM	Rate (INR)	Total Value (INR)
1	Platform Fees	997331	1	-		470.82
2	Delivery Protocol Base Fee	996519	2	Data Points		354.00 0.00
3	Delivery Protocol Distance Fee	996519	11.3	Data Points		266.68 0.00
4	Whole Blood - Brown Blood Bank		2	UNITS	400	800.00

Details for Transfer of Funds in INR

Total Amount

INR 1271.00

Total Amount in Words: ONE THOUSAND TWO HUNDRED AND SEVENTY-ONE RUPEES ONLY

Prepared By BLODIN PVT LTD

Checked By & Date: 24/08/2024

