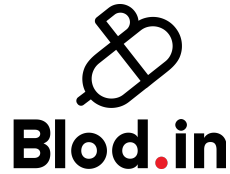


## ORDER SUMMARY



Invoice Date : 26/08/2024  
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 : c420eecf  
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	Blood Flat Package - Regular	997331	2	-		4200.00
2	Whole Blood - Brown Blood Bank		2	UNITS	400	800.00

## Details for Transfer of Funds in INR

Total Amount

INR 5000.00

Total Amount in Words: FIVE THOUSAND RUPEES ONLY

Prepared By BLODIN PVT LTD

Checked By &amp; Date: 26/08/2024

