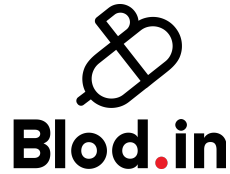


## ORDER SUMMARY



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 : 2b4a36da  
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	11	%		172.11
2	Delivery Protocol Base Fee	996519	2	Data Points		354.00
3	Delivery Protocol Distance Fee	996519	11.3	Data Points		266.68
4	Whole Blood - Brown Blood Bank		2	UNITS	400	800.00

## Details for Transfer of Funds in INR

Total Amount

INR 1593.00

Total Amount in Words: ONE THOUSAND FIVE HUNDRED AND NINETY-THREE RUPEES ONLY

Prepared By BLODIN PVT LTD

Checked By &amp; Date: 24/08/2024

