|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **BLOOD TYPE** | | AB- | | | | | | |
| **TOTAL BLOOD BAG** | | ${totalBloodBag} | | | | | | |
| **NO.** | **NAME** | | **GENDER** | **AGE** | **ADDRESS** | **CONTACT NO.** | **BLOOD BAGS** |
| ${n} | ${name} | | ${gender} | ${age} | ${address} | ${cont\_no} | ${blood\_bag} |
|  |  | |  |  |  |  |  |