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| --- | --- | --- | --- | --- | --- | --- | --- |
| **BLOOD TYPE** | |  | | | | | |
| **TOTAL BLOOD BAG** | |  | | | | | |
| **NO.** | **NAME** | **GENDER** | **AGE** | **ADDRESS** | **BLOOD TYPE** | **CONTACT NO.** | **BLOOD BAGS** |
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