



CHHETRI BLOOD CENTRE
॥ जन सुखाय ॥

CROSS MATCHING REPORT

रक्त चढाने से पुर्व पिछे लिखी हुई सूचनाओं का पालन करें।

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Patient Name Mr. / Mrs. : Kiran Jaware

Blood Group : B Rh : POS Sex : M/F Age : 56 Date : 5/11/24

Public / Trust Hospital / Nursing Home : MGM

Suburb : vashi Referred By : Dr.

- Referred By : D.M.

Therapeutic Operative Elective Emergency

Cross Matching Done by : Harsha Checked by :

Date of Issue : 5/11/24

Time of Issue : 8:40 am / pm. Issued By : MC

Checked by :

Received Sign:

Issue Register

Stock Book Deletion

Checked by :

N.B. Please Cross Check Blood the above mentioned group and blood bag No. with that on the bag.

As per the F.D.A. rules units once issued will not be taken back under any circumstances. Cross matching is done as per the patient's specimen received.

Note : We are attaching herewith Transfusion feed back from with this cross matching report.

**We are attaching herewith Transfusion feed back form with this cross matching report.
Doctors are requested to kindly fill it properly and return it immediately to Blood Centre after the completion of Blood Transfusion.**