

All India Institute of Medical Sciences, Rajkot Department of Transfusion Medicine

BLOOD STORAGE UNIT License No. G/BSC/288 DEMAND NOTE



TO, THE BLOOD BANK OFFI	CER,	
Patient Name:		
Please supply	bag of whole Blood/component	for the above
patient with Registration	on no.	, BG no.
Doctor's Name:	on no Date:	
	Time:	
	All India Institute of Medical	A
THE THITE OF MEDICAL SCHOOLS	Sciences, Rajkot	
	Department of Transfusion Medicine	
TOWNERS OF THE PARTY OF THE PAR	BLOOD STORAGE UNIT	
अस्ति विद्या अमृतम् श्रुते	License No. G/BSC/288	
अतिरीय आयुर्विज्ञान संस्थिति	DEMAND NOTE	
TO,		
THE BLOOD BANK OFFI	CER,	
Patient Name:		
Please supply	hag of whole Blood/component	for the above
Patient Name:bag of whole Blood/componentpatient with Registration no		BG no
	Date:	
o.g	Time:	
THE THOUTE OF MEDICAL SCHOOLS, and areal Groter.	All India Institute of Medical Sciences, Rajkot Department of Transfusion Medicine	
THE OF MEDICAL SCIENTIFE OF MEDICAL SCIENTIFIC OF MEDICAL SCIENTIF	All India Institute of Medical Sciences, Rajkot Department of Transfusion Medicine	
THE THOUSE OF MEDICAL SCIENTIFICATION OF MEDICAL SCIENTIFICATION OF MEDICAL SCIENTIFICATION OF THE STATE OF T	All India Institute of Medical Sciences, Rajkot Department of Transfusion Medicine BLOOD STORAGE UNIT	
विद्या अनुसन् इते	All India Institute of Medical Sciences, Rajkot Department of Transfusion Medicine	
TO,	All India Institute of Medical Sciences, Rajkot Department of Transfusion Medicine BLOOD STORAGE UNIT License No. G/BSC/288 DEMAND NOTE	
अस्ति	All India Institute of Medical Sciences, Rajkot Department of Transfusion Medicine BLOOD STORAGE UNIT License No. G/BSC/288 DEMAND NOTE	
TO, THE BLOOD BANK OFFI	All India Institute of Medical Sciences, Rajkot Department of Transfusion Medicine BLOOD STORAGE UNIT License No. G/BSC/288 DEMAND NOTE CER,	
TO, THE BLOOD BANK OFFI Patient Name:	All India Institute of Medical Sciences, Rajkot Department of Transfusion Medicine BLOOD STORAGE UNIT License No. G/BSC/288 DEMAND NOTE CER,	
TO, THE BLOOD BANK OFFI Patient Name: Please supply	All India Institute of Medical Sciences, Rajkot Department of Transfusion Medicine BLOOD STORAGE UNIT License No. G/BSC/288 DEMAND NOTE CER,	for the above
TO, THE BLOOD BANK OFFI Patient Name: Please supply patient with Registration	All India Institute of Medical Sciences, Rajkot Department of Transfusion Medicine BLOOD STORAGE UNIT License No. G/BSC/288 DEMAND NOTE CER, bag of whole Blood/component	for the above