

## Appendix I

### AGREEMENT BETWEEN THE BLOOD STORAGE CENTRE AN THE MOTHER BLOOD BANK

1. Name of Blood Storage Centre:
2. Address:
3. Phone no:
4. Expected consumption in a year:
5. Name of Mother Blood Bank :
6. Address :
7. Phone number :
8. License number and date of grant :
9. License validity :
10. Annual collection :
11. Products approved :

We are ready to give the blood bags and /or components to the above blood storage centre as and when required by them, in a quantity not more than 2000 year.

Date: \_\_\_\_\_ ( \_\_\_\_\_ )  
(Seal) Medical Officer /Authorised signatory

The blood bags and /or components received from the above blood bank will be transported to our blood storage centre maintaining proper cold chain . The units will be stored at requisite temperature and will be issued after proper cross match. The records of each and every unit procured will be maintained along with the protocol of the cross matching of the blood unit.

Date: \_\_\_\_\_ ( \_\_\_\_\_ )  
(Seal) Medical Officer /Authorised signatory