

FORM KBF-KMSCL-2

UTILISATION CERTIFICATE

THIS IS TO CERTIFY THATVIALS/ AMPULES OF FACTOR VII/VIII/IX
OF..... STRENGTH HAS BEEN UTILISED /ADMINISTERD TO

.....

S/O / D/ORESIDING AT

.....

DURING THE PERIOD FROM.....TO.....

DATE :

PLACE: SIGNATURE OF THE CONSULTING DOCTOR/ TREATING DOCTOR

(SEAL)

(OFFICE SEAL)

PATIENT'S DECLARATION

I.....S/O / D/O

.....HERE BY DECLARE

THAT.....VIALS /AMPULES OF FACTORS VII/ VIII/ IX OF STRENGTH

..... HAS BEEN ADMINISTERED/ UTILISED TO ME/ MY SON/DAUGHTER.

DATE: NAME & SIGNATURE OF PATIENT/GUARDIAN

PLACE: (MENTION RELATION SHIP IN THE CASE SIGNED BY GAURDIAN)