

Correlation of Results Between Instruments and Methods

Document the *Sample Identification* column as follows:

- ORTHO Daily QC samples: mfg., lot #, vial #, and exp. date
- For patient samples: MRN, specimen ID, and collection date/time
- Donor samples: donor number and the expiration date
- For CAP samples: CAP ID number from the sample
- Manufactured samples (Eluate and/or positive DAT sample): Unit number, ABO/Rh type, unit expiration date, unit product code, lot number and expiration date of anti-D

ABO/Rh Type									
n	Sample Identification	Interpretation					Satisfactory/ Unsatisfactory (S/U)	Pass/Fail (P/F)	Tech/ Date/Time
		Vision™ SN: _____	Vision™ SN: _____	Vision™ SN: _____	Tube	Manual Gel			
1									
2									
3									
4									

Submit this completed form and documentation for all test results and QC, by each method (e.g., instrument or computer printouts, downtime worksheets, etc.) for supervisory review.
Refer to Transfusion Medicine policy, *Correlation of Results Between Instruments and Methods* (33901)
Revised 05/09/2025 Page 1 of 8

Correlation of Results Between Instruments and Methods

Antibody Screen									
n	Sample Identification	Interpretation					Satisfactory/ Unsatisfactory (S/U)	Pass/Fail (P/F)	Tech/ Date/Time
		Vision™ SN: _____	Vision™ SN: _____	Vision™ SN: _____	Tube 60 MNL	Manual Gel			
1									
2									
3									
4									

Submit this completed form and documentation for all test results and QC, by each method (e.g., instrument or computer printouts, downtime worksheets, etc.) for supervisory review.
Refer to Transfusion Medicine policy, *Correlation of Results Between Instruments and Methods* (33901)
Revised 05/09/2025 Page 2 of 8

Correlation of Results Between Instruments and Methods

Antibody Identification									
n	Sample Identification	Interpretation					Satisfactory/ Unsatisfactory (S/U)	Pass/Fail (P/F)	Tech/ Date/Time
		Vision™ SN: _____	Vision™ SN: _____	Vision™ SN: _____	Tube 60 MNL	Manual Gel			
1									

Direct Antiglobulin - Gel								
n	Sample Identification	Interpretation				Satisfactory/ Unsatisfactory (S/U)	Pass/Fail (P/F)	Tech/Date/Time
		Vision™ SN: _____	Vision™ SN: _____	Vision™ SN: _____	Manual Gel			
1								
2								

Submit this completed form and documentation for all test results and QC, by each method (e.g., instrument or computer printouts, downtime worksheets, etc.) for supervisory review.
 Refer to Transfusion Medicine policy, *Correlation of Results Between Instruments and Methods* (33901)
 Revised 05/09/2025 Page 3 of 8

Correlation of Results Between Instruments and Methods

Antigen Type - Rh									
n	Sample Identification	Interpretation					Satisfactory/ Unsatisfactory (S/U)	Pass/Fail (P/F)	Tech/ Date/Time
		Vision™ SN: _____	Vision™ SN: _____	Vision™ SN: _____	Tube	Manual Gel			
1									
2									

Antigen Type - IAT						
n	Sample Identification	Interpretation		Satisfactory/ Unsatisfactory (S/U)	Pass/Fail (P/F)	Tech/Date/Time
		Tube	Manual Gel			
1						
2						

Submit this completed form and documentation for all test results and QC, by each method (e.g., instrument or computer printouts, downtime worksheets, etc.) for supervisory review.
Refer to Transfusion Medicine policy, *Correlation of Results Between Instruments and Methods* (33901)
Revised 05/09/2025 Page 4 of 8

Correlation of Results Between Instruments and Methods

AHG Crossmatch											
n	Sample Identification				Interpretation				Satisfactory/ Unsatisfactory (S/U)	Pass/ Fail (P/F)	Tech/ Date/Time
	Sample (plasma)	Antibody in sample	Donor RBCs		Manual Gel	ORTHO Vision™ SN: _____	ORTHO Vision™ SN: _____	ORTHO Vision™ SN: _____			
1			Antigen positive								
			Antigen negative								
2			Antigen positive								
			Antigen negative								

Eluate						
n	Sample Identification	Interpretation		Satisfactory/ Unsatisfactory (S/U)	Pass/Fail (P/F)	Tech/Date/Time
		Manual Gel	Tube			
1						

Submit this completed form and documentation for all test results and QC, by each method (e.g., instrument or computer printouts, downtime worksheets, etc.) for supervisory review.
 Refer to Transfusion Medicine policy, *Correlation of Results Between Instruments and Methods* (33901)
 Revised 05/09/2025 Page 5 of 8

Correlation of Results Between Instruments and Methods

ABO/Rh Vision Reaction Grading Correlation																							
n	Sample Identification	ORTHO Vision™ SN: _____						ORTHO Vision™ SN: _____						ORTHO Vision™ SN: _____						Interpretation	Satisfactory/ Unsatisfactory (S/U)	Pass/Fail (P/F)	Tech/ Date/ Time
		ABO/Rh Graded Reactions						ABO/Rh Graded Reactions						ABO/Rh Graded Reactions									
		A	B	D	DC	a	b	A	B	D	DC	a	b	A	B	D	DC	a	b				
1																							
2																							
3																							
4																							

Submit this completed form and documentation for all test results and QC, by each method (e.g., instrument or computer printouts, downtime worksheets, etc.) for supervisory review. Refer to Transfusion Medicine policy, *Correlation of Results Between Instruments and Methods* (33901)

Revised 05/09/2025 Page 6 of 8

Correlation of Results Between Instruments and Methods

Antibody Screen Vision Reaction Grading Correlation

n	Sample Identification	ORTHO Vision™ SN:		ORTHO Vision™ SN:		ORTHO Vision™ SN:		Interpretation	Satisfactory/ Unsatisfactory (S/U)	Pass/Fail (P/F)	Tech/ Date/ Time
		Antibody Screen Graded Reactions		Antibody Screen Graded Reactions		Antibody Screen Graded Reactions					
		I	II	I	II	I	II				
1											
2											
3											
4											

Submit this completed form and documentation for all test results and QC, by each method
 (e.g., instrument or computer printouts, downtime worksheets, etc.) for supervisory review.
 Refer to Transfusion Medicine policy, *Correlation of Results Between Instruments and Methods* (33901)
 Revised 05/09/2025 Page 7 of 8

Correlation of Results Between Instruments and Methods

Review of Correlation Study

This section to be completed by a Medical Technologist Lead, Supervisor, or Manager.

Tests	Review	Additional Testing : Specify additional testing or NI (not indicated)	Comments / Notes	Initials / Date
ABO/Rh	<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable			
Antibody Screen	<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable			
Antibody Identification	<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable			
DAT-Gel	<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable			
Antigen Type - Rh	<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable			
Antigen Type - IAT	<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable			
AHG Crossmatch	<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable			
Eluate	<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable			
Vision Reaction Grading Correlation	<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable			

	Signature	Date
MT Lead / Supervisor / Manager		

Submit this completed form and documentation for all test results and QC, by each method
 (e.g., instrument or computer printouts, downtime worksheets, etc.) for supervisory review.
 Refer to Transfusion Medicine policy, *Correlation of Results Between Instruments and Methods* (33901)
 Revised 05/09/2025 Page 8 of 8