CATHOLIC HEALTH INITIATIVES
Franciscan Health System

FORM
J-F-TS-1018-05

ANTIBODY IDENTIFICATION WORKSHEET

☒ St. Joseph Medical Center Tacoma, WA ☐ St. Clare Hospital Lakewood, WA ☐ St. Elizabeth Hospital Enumclaw, WA
☐ St. Francis Hospital Federal Way, WA ☐ St. Anthony Hospital Gig Harbor, WA ☐ PSC

ACCESSION	MRN#	DOB	SPEC DATE	SEX	DATE TESTED	TECH iD

PATIENT NAME	PROBLEMS/COMMENT

Diagnosis	Transfusion History	Medications	Other Testing:

ABO	Rh	DAT TESTING:	POLY IS POLY RT CC CONT IS CONT RT	IgG IS CC	C3d IS C3d RT CC CONT IS CONT RT	Pregnancy History:	Prenatal Pretiter: 1:1, 1 hr = _____

SELECTED PANEL CELLS

KEY
X = Homozygous
/ = Heterozygous
SC = Screen Cell

Cold Panel:
Manuf.
Lot #
Result IS or RT
LISS / Saline here

	SC 1	SC 2	SC 3	Cord	A1	A2	B	Auto
IS								
RT								
15-18C								
4C								

Pre-Warm : LISS ☐ PEG ☐ Gel ☐ Saline☐
Manuf.
Lot #

	37	AHG	CC
SC1			
SC2			
SC3			

Panel Lot #		Cell #	D	C	E	c	e	f	Cw	V	K	k	Kpa	Fya	Fyb	Jka	Jkb	Lea	Leb	S	s	M	N	P1	Lua	ECHO	Gel	LISS 37	LISS AHG	LISS CC	PEG AHG	PEG CC	SALINE 37	SALINE AHG	SALINE CC
Gel		SC 1																																		
Echo		SC 2																																		
3.0%		SC 3																																		

Patient Phenotype: C___ E___ c___ e___ Cw___ K___ k___ Kpa___ Fya___ Fyb___ Jka___ Jkb___ Lea___ Leb___ S___ s___ M___ N___ P1___

Results	**Antibody(s) Identified:**			
	Comments:			
	Cerner Resulted? Yes No	**PTC Updated?** Yes No	**Template Used:** ☐ SUMMARY ☐ NSAB	**Patient Antigen Typed?** Yes No
	AHG Crossmatch Done? Yes No	**Panel Methods Used:** ☐ Gel ☐ Solid ☐ LISS ☐ PEG ☐ Eluate ☐ Saline ☐ Cold ☐ Prewarm		**Pt. Charged?** Yes No
Review	**Date:**	**Reviewed By:**		

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