

ANTIBODY TITER FORM

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| <input checked="" type="checkbox"/> St. Joseph Medical Center Tacoma, WA | <input type="checkbox"/> St. Clare Hospital Lakewood, WA | <input type="checkbox"/> St. Elizabeth Hospital Enumclaw, WA |
| <input type="checkbox"/> St. Francis Hospital Federal Way, WA | <input type="checkbox"/> St. Anthony Hospital Gig Harbor, WA | <input type="checkbox"/> Highline Medical Center Burien, WA |
| | | <input type="checkbox"/> PSC |

Patient Name		MRN		Diagnosis
Location		ACCN		
Physician		Physician Phone		Titer Type: <input type="checkbox"/> Prenatal <input type="checkbox"/> HTLA

Sample Date	NEAT	2	4	8	16	32	64	128	256	512	1024	2048	TITER	SCORE

SCORE KEY - Use for patients who were already scored by this method in previous titers.
(Note – Scoring is to be used only with prenatal titers. It is not to be used for HTLA titers.)

- NEW SCORE KEY –**
- Use for new patients with no previous titer results
 - Those who originally were scored by this method
 - Mothers from the other group who now have a new pregnancy

GRADE	4+	3+	2+s	2+	2+w	1+s	1+	4+	3+	2+s	2+	2+w	1+s	1+	1+w
SCORE	12	10	9	8	7	6	5	12	10	8			5		

NOTE: A DIFFERENCE IN SCORES BETWEEN SAMPLES OF 10 OR MORE, OR A RISE OF TWO-OR-MORE DILUTION LEVELS IS SIGNIFICANT

TITERING CELL IDENTIFICATION:			CONCLUSION:			Comments:
Manufacturer & Lot # of Panel			Antibody			
Expiration Date			Titer			
Cell Number			Score			
Cell Phenotype			TECH	DATE	Reviewed by:	Date: