

FORM A: KB STAIN RESULT LOG

	Lot Number	Expiration
KB Stain Kit		

Worksheet: RVHM2

Date	Patient Information	KB Neg QC result	KB Pos QC result	QC entered in LIS	# Fetal Cells Result	# Adult Cells Result	% Fetal cells	Tech Code	RVS
	Name: MRN: Accession #:			<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
	Name: MRN: Accession #:			<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
	Name: MRN: Accession #:			<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
	Name: MRN: Accession #:			<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
	Name: MRN: Accession #:			<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
	Name: MRN: Accession #:			<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
	Name: MRN: Accession #:			<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
	Name: MRN: Accession #:			<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No