

NORTHERN ARIZONA HEALTHCARE LABORATORIES
 FORREST RITLAND, M.D., MEDICAL DIRECTOR
 Blood Bank Patient Worksheet

Patient:	MR No:	DOB:	Gender:
Ordering Dr.:	FIN:	Acc #:	
Collected date/time:	Received date/time:		
Ordered Tests/Products:			

Label Check:	Historical ABORh:	Testing performed by:
Armband #	Historical ABID:	Performed date/time:

ABO/Rh Testing

	A	B	D	MC	Wk D	Wk MC	Wk D CC	Wk D MC CC	A1	B	Interpretation
ABORh											
ABORh Confirm											

Direct Antiglobulin Testing

Reagent	Immediate Spin	Room Temperature (5-10 minutes)	Check Cells	Interpretation
Poly AHG:				
Anti IgG:				
Anti -C3b,-C3d:				
Monoclonal Control				

Tube Antibody Screen

Cold Screen

Pre-warm Tube Screen

SC1 IS	SC1 AHG	SC1 CC	SC1 4C:	SC1 37	SC1 AHG	SC1 CC
SC2 IS	SC2 AHG	SC2 CC	SC2 4C:	SC1 37	SC2 AHG	SC2 CC
SC3 IS	SC3 AHG	SC3 CC	SC3 4C:	SC1 37	SC3 AHG	SC3 CC
A/C IS	A/CAHG	A/C CC	A/C 4C:	A/C 37	A/C AHG	A/C CC

