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

Patient:					MR No:				B:		Gender:		
Ordering Dr.:					F	FIN: Acc #:							
Collected date/time:					F	Received date/time:							
Ordered Te	sts/Prod	ucts:			·		_						
				la 40 4		•		.		1.1			
									Testing performed by:				
Armband #				Historical ABID:				Performed date/time:					
					ABO/Rh	Testing							
	A	В	D	МС	Wk	Wk MC	Wk D CC	Wk D MC CC	Al	В	Interpretation		
ABORh													
ABORh Confirm													
Reagent Immedi		Immediat	e Spir)		Room Temperature C 5-10 minutes)			lls	Int	terpretation		
Poly AHG:													
Anti IgG:													
Anti -C3b,-C	3d:												
Monoclonal	Control							BLAC -					
Tube Antib	ody Scr	een			Col	ld Scree	n	Pro	e-warn	n Tube S	Screen		
SC1 IS	SC1 AHG	SC1 C0	;	SC1 4C:		SC1 3	7	SC1 AHO	3	SC1 CC			
SC2 IS	SC2 AHG	SC2 CC	SC2 CC		SC2 4C:		SC1 37		SC2 AHG				
SC3 IS	SC3 AHG	SC3 CC	SC3 CC			SC1 37		SC3 AHG		SC3 CC			
A/C IS	A/CAHG		A/C CC		A/C 4C:		A/C 37		A/C AHG				
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NAH Lab/BLBK/Forms Approved by DCC 12/14/	16

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Compatibility Testing

	Compatibility Testing							
Unit Number	Product	ABO/Rh	Exp	IS	37	AHG	СС	Interpretation
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Patient Antibody ID:								
Review hv	Review by: Date:							
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Dispense La Crossmatch		Dispense Label from Crossmatch form						
Crossmatch	Clossifiated form							
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