**Name:**   **Accession #:**  .

**Hospital ID:**  **Date:**  .

**Birth Date:** **Tech ID:**  .

|  |  |
| --- | --- |
| **ABO** | **Rh** |
| **DAT** | **Poly** | **IgG** | **C3** | **CT** |

**Eluate Kit Lot Number: Wash Solution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Buffering Solution \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Eluting Solution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LAST WASH**

**Comments:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Lot #** | **PEG****AHG** | **CC** | **INTER** |
| **S1** |  |  |  |
| **S2** |  |  |
| **S3** |  |  |
|  |  |  |
|  |  |  |
|  |  |  |  |

**ELUATE**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Cell****Lot number/****Donor #** | **Cell #** | **PEGAHG** | **CC** | **INTER** |  | **Cell Lot Number/****Donor #** | **ABO** | **PEG****AHG** | **CC** | **INTER** |
|  | **A** |  |  |  |  | **B** |  |  |  |
|  | **A** |  |  |  |  | **B** |  |  |  |
|  | **A** |  |  |  |  | **B** |  |  |  |

See attached worksheet for eluate results: (circle one) **YES NO**

Number of panels charged for eluate testing: \_\_\_\_\_\_\_\_\_\_\_\_ (transfer to AB ID Worksheet)

Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**KEY**: INTER = Interpretation; POLY = Polyspecific AHG; CT = Control; POS = Positive; NEG = Negative;