Antigen Typing Worksheet

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- |
| **Antisera** | Anti- | Anti- | Anti- | Anti- | Anti- |
| Manufacturer |  |  |  |  |  |
| Lot Number |  |  |  |  |  |
| Expiration Date |  |  |  |  |  |
| Reagent QC Performed? *Circle one* | Y N | Y N | Y N | Y N | Y N |
| **Phase of Testing** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Manufacturer Code: B = Bio-Rad, I = Immucor, O = Ortho, Q = Quotient

*Phase of Testing: IS, RT, 37C, AHG, CC*

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tested by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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