**ANTIBODY TITER WORKSHEET**

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MRN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Tested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tech ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accession No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Antibody(ies) Identified: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Attach copy of panel sheet.* Specimen Frozen? \_\_\_\_\_YES \_\_\_\_\_No

Specimen Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Antibody:** | **Titer:** | **Panel/Screen Cell Used: EXP:** |
| **Tube #** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** |
| **Dilution** | 1:1 | 1:2 | 1:4 | 1:8 | 1:16 | 1:32 | 1:64 | 1:128 | 1:256 | 1:512 | 1:1024 | 1:2048 |
| **Reaction Strength** |  |  |  |  |  |  |  |  |  |  |  |  |
| **CCC** |  |  |  |  |  |  |  |  |  |  |  |  |

Specimen Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
| **Antibody:** | **Titer:** | **Panel/Screen Cell Used: EXP:** |
| **Tube #** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** |
| **Dilution** | 1:1 | 1:2 | 1:4 | 1:8 | 1:16 | 1:32 | 1:64 | 1:128 | 1:256 | 1:512 | 1:1024 | 1:2048 |
| **Reaction Strength** |  |  |  |  |  |  |  |  |  |  |  |  |
| **CCC** |  |  |  |  |  |  |  |  |  |  |  |  |

Specimen Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Antibody:** | **Titer:** | **Panel/Screen Cell Used: EXP:** |
| **Tube #** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** |
| **Dilution** | 1:1 | 1:2 | 1:4 | 1:8 | 1:16 | 1:32 | 1:64 | 1:128 | 1:256 | 1:512 | 1:1024 | 1:2048 |
| **Reaction Strength** |  |  |  |  |  |  |  |  |  |  |  |  |
| **CCC** |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **SQ Reported?** (circle one)  **Yes No** | \_\_\_\_\_\_\_\_\_\_\_\_\_ **(#) titers charged** | **Copy to Medical Director?** (circle one) **Yes No** |
| **Reviewed By**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |