**Antigen Typing Worksheet**

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

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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, ARC = American Red Cross

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

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

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

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