

**TRANSFUSION SERVICES Sickledex Worksheet**

**Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ACCN #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MRN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Request Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tech ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Sample Information: RBC Unit Segments Number of Units to be Tested: \_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Result (circle one)**

**Unit Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Positive Negative Indeterminate\***

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***\* Indetermine: Use only with 5 uL or 10 uL Packed samples***

**Circle:**

**Amount of Sample Used: 20uL 10 uL 5 uL**

**Type of Sample Used: Whole Blood Packed Cells**

**Reagent:**

**Lot #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Control:**

**Lot #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Control Results:**

**POS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NEG: \_\_\_\_\_\_\_\_\_\_\_\_\_ Tech ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FAX results to: HMC TSL 206-744-6530**

**Results Entered in SQ by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reviewed by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**