UW Medicine UNIVERSITY OF WASHINGTON MEDICAL CENTER	**DAT Initial Competency Assessment Blind Testing**	Transfusion Service Laboratory - Montlake University of Washington Medical Center 1959 NE Pacific Street, Seattle, WA 98195
Name:	**Tech ID:**	**Date:**

Sample Identifier	Polyspecific		IgG		C3		Interpretation	PASS Y/N
	IS	CC	IS	CC	RT	CC		
1.								
2.								
3.								
4.								
5.								

Note: Only perform IgG and C3 testing as indicated per policy, enter ND for fields in which testing is not required.

Assessor Print Name: _____

Assessor Signature: _____