

Crossmatch Initial Competency Assessment Blind Testing

Name:

Tech ID:

Date:

	Sample Identifier	Unit Number	EXM Eligible? (Y/N)	PEG or LISS? (P/L)	Crossmatch				Interp.	PASS Y/N
					IS	37	AHG	CC		
1.					IS	37	AHG	CC		
2.					IS	37	AHG	CC		
3.					IS	37	AHG	CC		
4.					IS	37	AHG	CC		
5.					IS	37	AHG	CC		

*Note: Determine appropriate method based on patient antibody history. Only perform phases of testing appropriate for method (Is, PEG or LISS) enter ND for phases of testing not performed.

Assessor Print Name: _____

Assessor Signature: _____