



Rush Copley Medical Center
Blood Bank | Aurora, IL

Place entire patient label here (including DOB) Patient Name: _____ MRN: _____ Loc: _____ <input type="radio"/> M <input type="radio"/> F Accn#: _____ DOB: _____

BB- ANTIBODY WORKUP SUMMARY FORM

Current Sample Information:

Account #: _____ Sample Receipt Date: _____ Time: _____ Admitting Diagnosis: _____

Reason for workup: New positive screen Last ABWU>13 days ago AND patient transfused since ABWU
 Reaction strengths increased Positive screen cells do not match antibody history DAT positive AND eluate needed per RCMC
 ABO Discrepancy Pregnant now or since last ABWU: gestation: _____ weeks _____ days
 Unexpected incompatible XM Other: _____

Initial Sample Testing Completed By: _____ ECHO Lumena printout(s) attached

Patient History:

RCMC Antibody History: _____

RCMC Comments relevant to workup: _____

Last ABWU, method of rule out: solid phase PEG LISS, Last RBC transfusion date: _____ # of units: _____

Medications:

DARA Celgene (Anti-CD47) Hu5F9-G4 (Magrolimab) IVIG WinRho RhIg Other: _____
Date(s) of last does of medication(s): _____ If not at RCMC, location: _____

History (call if): new patient, new reactivity, or new admission since last ABWU:

Not Applicable Yes, called to: _____ Date: _____ Time: _____ Tech: _____

Blood Bank Information from other healthcare facility(ies):

Facility Name & Phone Number		Facility Name & Phone Number	
<input type="radio"/> Epic, or Person Spoke To:	Last TYS Results & Date:	<input type="radio"/> Epic, or Person Spoke To:	Last TYS Results & Date:
Antibody(ies) ID'd:	Transfusion Date: _____ # RBC Units _____	Antibody(ies) ID'd:	Transfusion Date: _____ # RBC Units _____
Comments (Medication(s), Genotypes(s) Phenotype(s)):		Comments (Medication(s), Genotypes(s) Phenotype(s)):	

DAT Results (if applicable):

DAT Method	ECHO	Tube IgG	Tube C3
IgG			
C3			
Tech/Date			

If DAT positive	Rxn	Method	Date
Last DAT:			
Last eluate results:			

RCMC Workup Final Interpretation:

Plasma Antibody(ies) Identified (specify): _____

Elution Interpretation: _____ Other Findings: _____

Comments: _____

ABWU rule out method in Comment (if not solid phase) DAT result & method in comment (if performed)

Tech Initials/Date: _____



_____ Senior Tech Review/Date: _____ SOFT Entry

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Additional Testing Requested: (Attach results/documents for all additional test(s) requested)

Test(s) Requested	Reason/Rationale	Requested By/Date	Assigned To/Date	Completed By/Date

Pathologist Review & Recommendations (if needed):

- Further Testing Requested (Specify): _____
- Additional Transfusion Requirements/Instructions:

- EPIC Report Completed: Yes No
- Pathologist Initials/Date (if needed): _____