Form #: BBT F021.01
Manual: Testing
Original Effective: 12/04/2013
Revised: 02/26/2018
Revision Effective: 06/25/2018

Hemoglobin S Test Log for Donor Units

Working SICKLEDEX Solubility Buffer Lot #_____ Expiration Date: _____

Sickle-Chex Positive Control Lot # _____ Expiration Date: _____

Sickle-Chex Negative Control Lot # _____ Expiration Date: _____

Positive Control Result: _____ Negative Control Result: _____ Tech: _____

Date/Time of Batch: _____

	Donor Unit Number	HgbS Result
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

P or Pos = Positive
N or Neg = Negative

Management Review/Date:

_____