|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  ACCESSION | HID# | DOB | SPEC DATE | SEX | DATE TESTED | TECH iD |
| PATIENT NAME | PROBLEMS/COMMENT |
| Diagnosis | Transfusion History | Pregnancy History | Medications |
|  ABO  | Rh | DAT TESTING: |  POLY IS POLY RT CC  CONT IS CONT RT CC | IgG IS CC  | C3d IS C3d RT CCCONT IS CONT RT CC | OTHER TESTING: |
| Additional Test | NO | YES | TECH |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | SC 1 | SC 2 | SC 3 |  | A1  | A2  | B  | Auto |
|  IS |  |  |  |  |  |  |  |  |
|  RT |  |  |  |  |  |  |  |  |
| 15-18C |  |  |  |  |  |  |  |  |
|  4C |  |  |  |  |  |  |  |  |

Cold Panel: Manuf.Lot # |  Saline PreWarmManuf.Lot #

|  |  |  |
| --- | --- | --- |
|  | AHG | CC |
| SC 1 |  |  |
| SC2 |  |  |
| SC3 |  |  |

 |
| ABO Discrepancy Work up? |  |  |  |
| Elution Done? |  |  |  |
| Last Wash Negative? |  |  |  |
| Elution Result: |
| # Homozygous Rule outs: C\_\_\_ E\_\_\_c\_\_\_e\_\_\_Cw\_\_\_ K\_\_\_k\_\_\_Kpa\_\_\_Fya\_\_\_Fyb\_\_\_Jka\_\_\_Jkb\_\_\_Lea\_\_\_Leb\_\_\_S\_\_\_s\_\_\_M\_\_\_N\_\_\_P1\_\_\_  |
| # Heterozygous Rule outs: C\_\_\_ E\_\_\_c\_\_\_e\_\_\_Cw\_\_\_ K\_\_\_k\_\_\_Kpa\_\_\_Fya\_\_\_Fyb\_\_\_Jka\_\_\_Jkb\_\_\_Lea\_\_\_Leb\_\_\_S\_\_\_s\_\_\_M\_\_\_N\_\_\_P1\_\_\_  |
| Patient Phenotype: C\_\_\_ E\_\_\_c\_\_\_e\_\_\_Cw\_\_\_ K\_\_\_k\_\_\_Kpa\_\_\_Fya\_\_\_Fyb\_\_\_Jka\_\_\_Jkb\_\_\_Lea\_\_\_Leb\_\_\_S\_\_\_s\_\_\_M\_\_\_N\_\_\_P1\_\_\_ Tested by:  |
| 2nd Tech Review performed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Additional Testing Required  | RhIG given? Yes No Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Confirmed by: \_\_\_\_\_\_\_\_\_\_\_\_\_(RN)At \_\_\_\_\_\_\_\_\_\_\_\_\_ Clinic Date/ Tech ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| PSBC Record: (circle one) YES NO If YES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Discussed on (date/time) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ With (circle all that apply)Medical Director / TS Manager / Lab Med Resident Recommendations:  |
| Additional Sample requested from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date/Time\_\_\_\_\_\_\_\_\_\_\_\_ |
| Donor units to be issued:  Antigen Negative for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| AHG XM? Y / N(circle one) | LR? Y / N(circle one) | IRR? Y / N(circle one) |
| IRL | Date/Time/Tech | ABID Completion Tasks | Y | N | \_\_(#) Panels charged  | Y | N | Antibodies Identified: |
| Sent Out |  | Rule of 3 Satisfied? |  |  | BAD Updated? |  |  |
| Prelim /Update |  | AB Path Added? |  |  | Pt. Antigen Typed? |  |  | Comments: |
| Final/ Update |  | DAT Added? |  |  | AHG XM complete? |  |  |
| SQ Resulted? |  |  | Antigram attached? |  |  | Reviewed by: Date: |

F5402 *Version 5.0 Effective July 2014*