|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 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 CC  CONT 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 PreWarm Manuf.  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: | | | | | | | |

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