ID239

CAPTURE-R READY-ID Master List

NAME Sally Wiggin
NO. _____
INSTITUTION _____
BLOOD GROUP _____
ANTIBODY IDENTITY _____
TECH _____ DATE _____

IMMUCOR, INC. Norcross, GA 30071 USA
US LICENSE NO: 886
LOT NO: ID239
EXPIRES: 2015/03/10

CELL	Special Type	Donor	Rh - Hr							Kell						Duffy		Kidd		Lewis		P	MN				Luth-eran		Xg	CELL	PATIENT'S TEST RESULTS
			D	C	c	E	e	V	C^w	K	k	Kp^a	Kp^b	Js^{a*}	Js^b	Fy^a	Fy^b	Jk^a	Jk^b	Le^a	Le^b	P_1	M	N	S	s	Lu^a	Lu^b	Xg^{a*}		
1		RzR1 A4283	+	+	0	+	+	0	0	0	+	0	+	0	+	0	+	+	+	0	0	0	+	+	+	+	0	+	+	1	4+
2		R1wR1 B8428	+	+	0	0	+	0	+	0	+	0	+	0	+	+	0	0	+	0	+	+	0	+	0	+	0	+	+	2	=
3		R2R2 C5635	+	0	+	+	0	0	0	0	+	0	+	0	+	+	0	0	+	0	+	+	+	+	0	+	0	+	0	3	4+
4	U var	Ror D426	+	0	+	0	+	0	0	0	+	0	+	0	+	0	0	+	+	0	0	+	0	+	0	0	0	+	+	4	=
5		r'r E875	0	+	+	0	+	0	0	0	+	0	+	0	+	0	+	+	0	0	+	+	+	0	+	+	0	+	+	5	4+
6		r''r F854	0	0	+	+	+	0	0	0	+	0	+	0	+	0	+	0	+	+	0	+	+	0	+	+	0	+	+	6	4+
7	Co(b+)	r''r F775	0	0	+	+	+	0	0	0	+	0	+	0	+	+	+	0	+	0	+	+	+	0	+	0	0	+	0	7	4+
8		rr G1611	0	0	+	0	+	0	0	+	+	0	+	0	+	0	+	+	+	0	0	+	+	+	0	+	0	+	+	8	=
9		rr H1642	0	0	+	0	+	0	0	0	+	0	+	0	+	+	0	+	0	0	0	+	+	0	+	+	0	+	+	9	4+
10		rr N3966	0	0	+	0	+	0	0	0	+	0	+	0	+	+	+	+	+	0	+	+	+	0	+	0	0	+	+	10	4+
11		rr G1552	0	0	+	0	+	0	0	+	+	0	+	0	+	0	+	+	0	0	0	+	+	+	0	+	+	+	+	11	=
12		rr N2587	0	0	+	0	+	0	0	0	+	+	+	0	+	0	+	+	0	0	+	+	0	+	0	+	0	+	+	12	=
13		rr N3930	0	0	+	0	+	0	0	0	+	0	+	0	+	0	0	+	0	0	+	+	0	+	0	+	0	+	0	13	=
14	Di(a+)	R1r R1475	+	+	+	0	+	0	0	0	+	0	+	0	+	0	+	+	+	+	0	0	0	+	0	+	0	+	+	14	=
15		POSITIVE CONTROL	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	PC	4+
16		NEGATIVE CONTROL	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	NC	=

* Indicates those antigens whose presence or absence may have been determined using only a single example of a specific antibody

NOTES:
An antigen designated with a 'w' represents a weakened expression of the antigen that may or may not react with all examples of the corresponding antibody.

426-17

PATIENT'S SERUM	ANTIBODY SCREEN LOT													
		I												
		II												
		III												
		IV												