
SP: 20 HEMATOLOGY Lic. No.: CLIA #:
SUB: 070 GENERAL Lab:
Shipping Date: 11-03-2025
Report Date: 11-21-2025
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072 HEMATOLOGY CELL IDENTIFICATION

Locate your identification in the Master List for GENERAL Transparencies and enter in the appropriate boxes the code. The list includes all identification that will be required. There is no provision to enter "Other, specify".

TRANSPARENCIES NO.	MASTER LIST TRANSPARENCIES CODE
2025-891	_____
2025-892	_____
2025-893	_____
2025-894	_____
2025-895	_____

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

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372 Non Routine: HEMATOLOGY CELL IDENTIFICATION

SAMPLE No.	R E S U L T C O D E
2025-896	_____
2025-897	_____
2025-898	_____
2025-899	_____
2025-900	_____

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172 DIFF-AT.5

PRO	WBC	S/I	2025911X	2025912X	2025913X	2025914X	2025915X
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

DATE: _____ SIGNATURES: _____

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SP: 20 HEMATOLOGY Lic. No.: C

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185 Diff 6 Parameter Instruments Test

PRO	WBC	S/I	2025911y	2025912y	2025913y	2025914y	2025915y
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

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186 DIFF 3 PARAMETER INSTRUMENT TEST

SAMPLE No.			R E S U L T C O D E				
PRO	WBC	S/I	2025911z	2025912z	2025913z	2025914z	2025915z
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

DATE: _____ SIGNATURES: _____

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546 NR DIFF 3 PARAMETER INSTRUMENT

SAMPLE No.	R E S U L T C O D E	
2025916Z	_____	%
2025917Z	_____	%
2025918Z	_____	%
2025919Z	_____	%
2025920Z	_____	%

DATE: _____ SIGNATURES: _____

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TEST	PRO	M/S	2025-911	2025-912	2025-913	2025-914	2025-915	
549 RBC	___	___	___	___	___	___	___	MILLION/UL
550 HCT	___	___	___	___	___	___	___	
551 HEMOGLOBIN	___	___	___	___	___	___	___	G/DL
552 WBC	___	___	___	___	___	___	___	THOUSAND/UL

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TEST	PRO	M/S	2025-911	2025-912	2025-913	2025-914	2025-915	
553 PLATELET	_____	_____	_____	_____	_____	_____	_____	THOUSAND/UL

DATE: _____ SIGNATURES: _____

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TEST	M/S	2025-921	2025-922	2025-923	2025-924	2025-925	
149 RETICULOC.	____	_____	_____	_____	_____	_____	%

DATE: _____ SIGNATURES: _____

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TEST	M/S	2025-931	2025-932	2025-933	2025-934	2025-935
153 SED. RATE	___	_____	_____	_____	_____	_____

DATE: _____ SIGNATURES: _____

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TEST	M/S	REA	2025-941	2025-942	2025-943	2025-944	2025-945	
080 FIBRINOGEN	___	___	_____	_____	_____	_____	_____	MG/DL
081 PTT	___	___	_____	_____	_____	_____	_____	secs
082 PT	___	___	_____	_____	_____	_____	_____	

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TEST	M/S	REA	2025-946	2025-947	2025-948	2025-949	2025-950	
380 NR FIBRINO	___	___	_____	_____	_____	_____	_____	MG/DL
381 NR PTT	___	___	_____	_____	_____	_____	_____	secs
382 Non Rou PT	___	___	_____	_____	_____	_____	_____	

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TEST	PRO	M/S	2025-916	2025-917	2025-918	2025-919	2025-920	
556 NR RBC NEW	_____	_____	_____	_____	_____	_____	_____	MILLION/UL
557 NR HCT-NEW	_____	_____	_____	_____	_____	_____	_____	MILLION/UL
558 NR WBC	_____	_____	_____	_____	_____	_____	_____	THOUSAND/UL
560 NR HEMOGLO	_____	_____	_____	_____	_____	_____	_____	G/DL

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SP: 20 HEMATOLOGY Lic. No.: CLIA #:
SUB: 075 BODY FLUID Lab:
Shipping Date: 11-03-2025
Report Date: 11-21-2025
Receiving Date: _____ ,

TEST	2025-951	2025-952	2025-953	2025-954	2025-955	
159 BF RBC	_____	_____	_____	_____	_____	RBC/UL
160 BF WBC	_____	_____	_____	_____	_____	WBC/UL

DATE: _____ SIGNATURES: _____
DIRECTOR'S SIGNATURE: _____

SP: 30 IMMUNOHEMATOLOGY Lic. No.: CLIA #:
SUB: 080 ABO-RH Lab:
Shipping Date: 11-03-2025
Report Date: 11-21-2025
Receiving Date: _____ ,

150 ABO GROUP AND RH (D) TYPE

BLOOD TYPING: Performed ABO grouping and Rh typing, in case of a negative Rh please performe Du. Centrifuge the sample to obtain plasma for the reverse grouping.

SAMPLE No.	DIRECT GROUP			REVERSE GROUP				TYPE - Rh		RESULT CODE	
	ANTI A	ANTI B	ANTI AB	CEL A1	CEL A2	CEL B	CEL O	ANTI D	Du Du	ABO	Rh
	2025-961	+	+	+	+	+	+	+	+	+	_____
	0	0	0	0	0	0	0	0	0		
2025-962	+	+	+	+	+	+	+	+	+	_____	_____
	0	0	0	0	0	0	0	0	0		
2025-963	+	+	+	+	+	+	+	+	+	_____	_____
	0	0	0	0	0	0	0	0	0		
2025-964	+	+	+	+	+	+	+	+	+	_____	_____
	0	0	0	0	0	0	0	0	0		
2025-965	+	+	+	+	+	+	+	+	+	_____	_____
	0	0	0	0	0	0	0	0	0		

RESULTS CODE:

ABO: 01. A 02. A1 03. A2 04. B 05. AB 06. A1B 07. A2B 08. O 999. NOT P.
Rh: 01. Rh+ 02. Rh+ Du variant 03. Rh- Du not performed 04 Rh- 999. NOT P.

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

SP: 30 IMMUNOHEMATOLOGY Lic. No.: CLIA #:
SUB: 090 COOMBS Lab:
Shipping Date: 11-03-2025
Report Date: 11-21-2025
Receiving Date: _____ ,

084 UNEXPECTED ANTIBODY DETECTION-IND.COOMBS

INDIRECT COOMBS: Please report in the appropriate site, using the strength of reaction from 0 - 4+

SAMPLE No.	TEMPERATURE	SALINE	ALBUMIN	COOMBS	OTHER	RESULTS CODE
2025-971	1. 4 GRADE C	_____	_____	_____	_____	_____
	2. 20 GRADE C	_____	_____	_____	_____	_____
	3. 37 GRADE C	_____	_____	_____	_____	_____
2025-972	1. 4 GRADE C	_____	_____	_____	_____	_____
	2. 20 GRADE C	_____	_____	_____	_____	_____
	3. 37 GRADE C	_____	_____	_____	_____	_____
2025-973	1. 4 GRADE C	_____	_____	_____	_____	_____
	2. 20 GRADE C	_____	_____	_____	_____	_____
	3. 37 GRADE C	_____	_____	_____	_____	_____
2025-974	1. 4 GRADE C	_____	_____	_____	_____	_____
	2. 20 GRADE C	_____	_____	_____	_____	_____
	3. 37 GRADE C	_____	_____	_____	_____	_____
2025-975	1. 4 GRADE C	_____	_____	_____	_____	_____
	2. 20 GRADE C	_____	_____	_____	_____	_____
	3. 37 GRADE C	_____	_____	_____	_____	_____

B - RESULTS CODE: 01 - NEGATIVE 02 - POSITIVE

C - PLEASE SPECIFY REAGENTS USED: _____

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

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TEST 2025-976 2025-977 2025-978 2025-979 2025-980
384 NR IND COO _____ _____ _____ _____ _____

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

SP: 30 IMMUNOHEMATOLOGY Lic. No.: CLIA #:
SUB: 090 COOMBS Lab:
Shipping Date: 11-03-2025
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179 DIRECT ANTIGLOBULIN (COOMBS)

SAMPLE No.	R E S U L T C O D E
2025-651	_____
2025-652	_____
2025-653	_____
2025-654	_____
2025-655	_____

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

SP: 30 IMMUNOHEMATOLOGY Lic. No.: CLIA #:
SUB: 100 COMPATIBILITY TESTING Lab:
Shipping Date: 11-03-2025
Report Date: 11-21-2025
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085 COMPATIBILITY TESTING

Please performed antibodies screening, auto control and Mayor Side Cross-matching. If your lab. performs antibodies indentification, pelase identify it or them.

CROSSMATCHING (Major side)	SALINE	ALBUMIN	ALBUMIN	COOMBS	OTHER	INTERPRETATION Result Code
-------------------------------	--------	---------	---------	--------	-------	-------------------------------

CROSSMATCHING # 2025-981	_____	_____	_____	_____	_____	_____
PATIENT PLASMA A-DONOR CELLS						

CROSSMATCHING # 2025-982	_____	_____	_____	_____	_____	_____
PATIENT PLASMA A-DONOR CELLS						

CROSSMATCHING # 2025-983	_____	_____	_____	_____	_____	_____
PATIENT PLASMA A-DONOR CELLS						

CROSSMATCHING # 2025-984	_____	_____	_____	_____	_____	_____
PATIENT PLASMA A-DONOR CELLS						

CROSSMATCHING # 2025-985	_____	_____	_____	_____	_____	_____
PATIENT PLASMA A-DONOR CELLS						

CROSSMATCHING INTERPRETATION CODE:
01 - COMPATIBLE 02 - INCOMPATIBLE 99 - TEST NOT PERFORMED

DATE: _____ SIGNATURES: _____
DIRECTOR'S SIGNATURE: _____

SP: 30 IMMUNOHEMATOLOGY Lic. No.: CLIA #:
SUB: 110 ANTIBODY IDENTIFICATION Lab:
Shipping Date: 11-03-2025
Report Date: 11-21-2025
Receiving Date: _____ ,

ANTIBODY IDENTIFICATION TESTING

PATIENT PLASMA No.	CODE	DESCRIPTION
2025-981		
2025-982		
2025-983		
2025-984		
2025-985		

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____