
SP: 30 IMMUNOHEMATOLOGY Lic. No.: CLIA #:
SUB: 080 ABO-RH Lab:
Shipping Date: 03-09-2020
Report Date: 03-27-2020
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
	2020-181	+	+	+	+	+	+	+	+	+	_____
	0	0	0	0	0	0	0	0	0		
2020-182	+	+	+	+	+	+	+	+	+	_____	_____
	0	0	0	0	0	0	0	0	0		
2020-183	+	+	+	+	+	+	+	+	+	_____	_____
	0	0	0	0	0	0	0	0	0		
2020-184	+	+	+	+	+	+	+	+	+	_____	_____
	0	0	0	0	0	0	0	0	0		
2020-185	+	+	+	+	+	+	+	+	+	_____	_____
	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: 03-09-2020
Report Date: 03-27-2020
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
2020-191	1. 4 GRADE C	_____	_____	_____	_____	_____
	2. 20 GRADE C	_____	_____	_____	_____	_____
	3. 37 GRADE C	_____	_____	_____	_____	_____
2020-192	1. 4 GRADE C	_____	_____	_____	_____	_____
	2. 20 GRADE C	_____	_____	_____	_____	_____
	3. 37 GRADE C	_____	_____	_____	_____	_____
2020-193	1. 4 GRADE C	_____	_____	_____	_____	_____
	2. 20 GRADE C	_____	_____	_____	_____	_____
	3. 37 GRADE C	_____	_____	_____	_____	_____
2020-194	1. 4 GRADE C	_____	_____	_____	_____	_____
	2. 20 GRADE C	_____	_____	_____	_____	_____
	3. 37 GRADE C	_____	_____	_____	_____	_____
2020-195	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: _____

SP: 30 IMMUNOHEMATOLOGY Lic. No.: CLIA #:
SUB: 090 COOMBS Lab:
Shipping Date: 03-09-2020
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179 DIRECT ANTIGLOBULIN (COOMBS)

SAMPLE No.	R E S U L T C O D E
2020-271	_____
2020-272	_____
2020-273	_____
2020-274	_____
2020-275	_____

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

SP: 30 IMMUNOHEMATOLOGY Lic. No.: CLIA #:
SUB: 100 COMPATIBILITY TESTING Lab:
Shipping Date: 03-09-2020
Report Date: 03-27-2020
Receiving Date: _____ ,

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 20-25C	ALBUMIN 20-25C	ALBUMIN 37C	COOMBS	OTHER	INTERPRETATION Result Code
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CROSSMATCHING # 2020-201	_____	_____	_____	_____	_____	_____
PATIENT PLASMA A-DONOR CELLS						

CROSSMATCHING # 2020-202	_____	_____	_____	_____	_____	_____
PATIENT PLASMA A-DONOR CELLS						

CROSSMATCHING # 2020-203	_____	_____	_____	_____	_____	_____
PATIENT PLASMA A-DONOR CELLS						

CROSSMATCHING # 2020-204	_____	_____	_____	_____	_____	_____
PATIENT PLASMA A-DONOR CELLS						

CROSSMATCHING # 2020-205	_____	_____	_____	_____	_____	_____
PATIENT PLASMA A-DONOR CELLS						

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

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

SP:

SP: 30 IMMUNOHEMATOLOGY Lic. No.: CLIA #:
SUB: 110 ANTIBODY IDENTIFICATION Lab:
Shipping Date: 03-09-2020
Report Date: 03-27-2020
Receiving Date: _____ ,

ANTIBODY IDENTIFICATION TESTING

PATIENT PLASMA No.	CODE	DESCRIPTION
2020-201		
2020-202		
2020-203		
2020-204		
2020-205		

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____