

**Transfusion Medicine Results
 Report Form: 12-01 A**

Shipping Date: 16 January 2012
Return Deadline: 27 January 2012

«LabName»
 «Contact»
 «Address1»
 «Address2», «Prov» «PostalCode» «LabNumber»

Received By: _____	Date: _____
Fax Results to: 780-437-4289 Alternate Fax: 780-702-8623 / 780-428-2712	

Patient Information			
Name:	Carmichael, Jane	Identification #:	279479
Indication for Transfusion:	32 year old female with post-partum hemorrhage		
Pregnancies:	3	Date Last Transfused:	none

Pre-analytic Analysis				
	12-01 A PC	12-01 A PP	12-01 A DC-1	12-01 A DC-2
Sample Quality:	Acceptable <input type="checkbox"/> Unacceptable <input type="checkbox"/>	Acceptable <input type="checkbox"/> Unacceptable <input type="checkbox"/>	Acceptable <input type="checkbox"/> Unacceptable <input type="checkbox"/>	Acceptable <input type="checkbox"/> Unacceptable <input type="checkbox"/>
Comments:				
Sample Labeling:	Acceptable <input type="checkbox"/> Unacceptable <input type="checkbox"/>	Acceptable <input type="checkbox"/> Unacceptable <input type="checkbox"/>	Acceptable <input type="checkbox"/> Unacceptable <input type="checkbox"/>	Acceptable <input type="checkbox"/> Unacceptable <input type="checkbox"/>
Comments:				
ALQEP Assessment:				

ABO Typing			
12-01 A PC/PP	12-01 A DC-1	12-01 A DC-2	Comments:
A <input type="checkbox"/>	A <input type="checkbox"/>	A <input type="checkbox"/>	
B <input type="checkbox"/>	B <input type="checkbox"/>	B <input type="checkbox"/>	
AB <input type="checkbox"/>	AB <input type="checkbox"/>	AB <input type="checkbox"/>	
O <input type="checkbox"/>	O <input type="checkbox"/>	O <input type="checkbox"/>	
undetermined <input type="checkbox"/>	undetermined <input type="checkbox"/>	undetermined <input type="checkbox"/>	
not tested <input type="checkbox"/>	not tested <input type="checkbox"/>	not tested <input type="checkbox"/>	
Method:			
Reagent Manufacturer:			
ALQEP Assessment:			

Rh(D) Typing			
12-01 A PC	12-01 A DC-1	12-01 A DC-2	Comments:
Rh(D) Positive <input type="checkbox"/>	Rh(D) Positive <input type="checkbox"/>	Rh(D) Positive <input type="checkbox"/>	
Rh(D) Negative <input type="checkbox"/>	Rh(D) Negative <input type="checkbox"/>	Rh(D) Negative <input type="checkbox"/>	
undetermined <input type="checkbox"/>	undetermined <input type="checkbox"/>	undetermined <input type="checkbox"/>	
not tested <input type="checkbox"/>	not tested <input type="checkbox"/>	not tested <input type="checkbox"/>	
Method:			
Reagent Manufacturer:			
ALQEP Assessment:			

Phenotyping			
12-01 A PC	12-01 A DC-1	12-01 A DC-2	Comments:
ALQEP Assessment:			

Antibody Screen	
12-01 A PP:	Comments:
Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not tested <input type="checkbox"/>	
Method:	
Cell Manufacturer:	ALQEP Assessment:

Antibody Identification	
12-01 A PP:	Comments:
Antibody(ies) identified	
	ALQEP Assessment:

Compatibility Testing				
12-01 A PP vs.	Serologically Compatible	ALQEP Assessment	Suitable for Transfusion	ALQEP Assessment
12-01 A DC-1	Yes <input type="checkbox"/> No <input type="checkbox"/> NT <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
12-01 A DC-2	Yes <input type="checkbox"/> No <input type="checkbox"/> NT <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	

Additional Testing / Comments			
Tested by:		Date:	
Reviewed by:		Date:	

*** Do not write below this line – for ALQEP use only ***

ALQEP Result Assessment Summary			
	12-01 A PP/PC	12-01 A DC-1	12-01 A DC-2
Pre-analytic analysis			
ABO typing			
Rh(D) typing			
Phenotyping			
Antibody screen			
Antibody identification			
Compatibility testing			
Transfusion suitability			
Error Description			
Comments			
Date:	Assessed by:		

Transfusion Medicine Results Report Form: 12-02 A

Shipping Date: 16 January 2012
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«LabName»
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«Address1»
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Received By: _____	Date: _____
Fax Results to: 780-437-4289 Alternate Fax: 780-702-8623 / 780-428-2712	

Patient Information			
Name:	MacLaren, Darren	Identification #:	429329
Indication for Transfusion:	73 year old male with prostate cancer; low hemoglobin		
Pregnancies:	NA	Date Last Transfused:	None

Pre-analytic Analysis				
	12-02 A PC	12-02 A PP	12-02 A DC-1	12-02 A DC-2
Sample Quality:	Acceptable <input type="checkbox"/> Unacceptable <input type="checkbox"/>	Acceptable <input type="checkbox"/> Unacceptable <input type="checkbox"/>	Acceptable <input type="checkbox"/> Unacceptable <input type="checkbox"/>	Acceptable <input type="checkbox"/> Unacceptable <input type="checkbox"/>
Comments:				
Sample Labeling:	Acceptable <input type="checkbox"/> Unacceptable <input type="checkbox"/>	Acceptable <input type="checkbox"/> Unacceptable <input type="checkbox"/>	Acceptable <input type="checkbox"/> Unacceptable <input type="checkbox"/>	Acceptable <input type="checkbox"/> Unacceptable <input type="checkbox"/>
Comments:				
ALQEP Assessment:				

ABO Typing			
12-02 A PC/PP	12-02 A DC-1	12-02 A DC-2	Comments:
A <input type="checkbox"/>	A <input type="checkbox"/>	A <input type="checkbox"/>	
B <input type="checkbox"/>	B <input type="checkbox"/>	B <input type="checkbox"/>	
AB <input type="checkbox"/>	AB <input type="checkbox"/>	AB <input type="checkbox"/>	
O <input type="checkbox"/>	O <input type="checkbox"/>	O <input type="checkbox"/>	
undetermined <input type="checkbox"/>	undetermined <input type="checkbox"/>	undetermined <input type="checkbox"/>	
not tested <input type="checkbox"/>	not tested <input type="checkbox"/>	not tested <input type="checkbox"/>	
Method:			
Reagent Manufacturer:			
ALQEP Assessment:			

Rh(D) Typing			
12-02 A PC	12-02 A DC-1	12-02 A DC-2	Comments:
Rh(D) Positive <input type="checkbox"/>	Rh(D) Positive <input type="checkbox"/>	Rh(D) Positive <input type="checkbox"/>	
Rh(D) Negative <input type="checkbox"/>	Rh(D) Negative <input type="checkbox"/>	Rh(D) Negative <input type="checkbox"/>	
undetermined <input type="checkbox"/>	undetermined <input type="checkbox"/>	undetermined <input type="checkbox"/>	
not tested <input type="checkbox"/>	not tested <input type="checkbox"/>	not tested <input type="checkbox"/>	
Method:			
Reagent Manufacturer:			
ALQEP Assessment:			

Phenotyping				
12-02 A PC	12-02 A DC-1	12-02 A DC-2	Comments:	
ALQEP Assessment:				
Antibody Screen				
12-02 A PP:			Comments:	
Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not tested <input type="checkbox"/>				
Method:				
Cell Manufacturer:			ALQEP Assessment:	
Antibody Identification				
12-02 A PP:			Comments:	
Antibody(ies) identified				
			ALQEP Assessment:	
Compatibility Testing				
12-02 A PP vs.	Serologically Compatible	ALQEP Assessment	Suitable for Transfusion	ALQEP Assessment
12-02 A DC-1	Yes <input type="checkbox"/> No <input type="checkbox"/> NT <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
12-02 A DC-2	Yes <input type="checkbox"/> No <input type="checkbox"/> NT <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Additional Testing / Comments				
Tested by:			Date:	
Reviewed by:			Date:	

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ALQEP Result Assessment Summary			
	12-02 A PP/PC	12-02 A DC-1	12-02 A DC-2
Pre-analytic analysis			
ABO typing			
Rh(D) typing			
Phenotyping			
Antibody screen			
Antibody identification			
Compatibility testing			
Transfusion suitability			
Error Description			
Comments			
Date:		Assessed by:	