

Transfusion Medicine Results Report Form: 12-01 C

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: 12-01 C-1

Name:	Sargent, Kari	Identification #:	284399
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Patient Information: 12-01 C-2

Name:	Mitchell, Deborah	Identification #:	222111
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Patient Information: 12-01 C-3

Name:	Filiang, Fiona	Identification #:	202030
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Patient Information: 12-01 C-4

Name:	Grant, Sharla	Identification #:	125987
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Pre-analytic Analysis

	12-01 C-1 PC / PP	12-01 C-2 PC / PP	12-01 C-3 PC / PP	12-01 C-4 PC / PP
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 C-1 PC/PP	12-01 C-2 PC/PP	12-01 C-3 PC/PP	12-01 C-4 PC/PP	Comments:
A <input type="checkbox"/>	A <input type="checkbox"/>	A <input type="checkbox"/>	A <input type="checkbox"/>	
B <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"/>	AB <input type="checkbox"/>	
O <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"/>	undetermined <input type="checkbox"/>	
not tested <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 C-1 PC	12-01 C-2 PC	12-01 C-3 PC	12-01 C-4 PC	Comments:
Rh(D) Positive <input type="checkbox"/>	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"/>	Rh(D) Negative <input type="checkbox"/>	
undetermined <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"/>	not tested <input type="checkbox"/>	
Method:				
Reagent Manufacturer:				
ALQEP Assessment:				

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 C-1 PC/PP	12-01 C-2 PC/PP	12-01 C-3 PC/PP	12-01 C-4 PC/PP
Pre-analytic analysis				
ABO typing				
Rh(D) typing				
Error Description				
Comments				
Date:	Assessed by:			