LifeServe BLOOD CENTER

Compatibility Testing Worksheet

Patient name ______________________ Sample Collected on ______________

Unique Identifier ______________ DOB ______________ Testing Date ______________

Hospital ______________________ Tech ______________

Request form and specimen labeling agree ______________ Prev. Records Checked ______________

Patient blood typing:

Anti-A	Anti-B	Anti-A,B	Anti-D	Weak D	IgG coated RBCs	Ctrl	IgG coated RBCs	A_1 Cells	A_2 Cells	B Cells	ABO/Rh Interpretation

Patient Antibody Screen:

CELL	IS	LISS 37°	LISS AHG	IgG Coated RBCs	IS	PeG 37°	PeG AHG	IgG Coated RBCs	IS	RT 15 min	4°C 15 min	4°C 30 min	GEL	Antibody Screen Interpretation
I														
II														
III														
Auto														
Cord														

Patient DAT:

Polyspecific I.S.	Polyspecific 5 min	IgG Coated RBCs	Saline Ctrl I.S.	Saline Ctrl 5 min	Anti-IgG	IgG Coated RBCs	Anti-C3 I.S.	Anti-C3 5min	Comp. Coated RBCs	DAT Interpretation

Compatibility testing performed using: Neat serum/plasma ☐ / Auto-adsorbed ☐ / Differential adsorbed ☐

Method: Ortho Gel Card w/IS Tube ☐ / Tube ☐ / Potentiator______________

Unit #	Exp. Date	Anti-A	Anti-B	Anti-D	Interp	IS	37°	AHG	IgG Coated RBCs	GEL	Compatibility Interpretation (Comp/Incomp)	Sent Y/N	Unit at Facility Y/N

4, 3, 2, 1, or w (+) = Positive ✓= positive IgG/Comp. Coated RBCs

0 or 0̸ = Negative

Crossmatch Review Tech ______________ Date ______________

COMMENTS:____

See LS-FORM-5456 "Daily Reagent Quality Control" for reagent lot numbers.
Attach all panels, additional worksheets, etc., to this form.
Use Page 2 only if additional crossmatch testing performed.

LifeServe BLOOD CENTER

Compatibility Testing Worksheet

Patient name ____ Sample Collected on__________________

Test Tech ____ Test Date__________________________

Additional Compatibility Testing, if needed:

Compatibility testing performed using: Neat serum/plasma ☐ / Auto-adsorbed ☐ / Differential adsorbed ☐

Method: Ortho Gel Card w/IS Tube ☐ / Tube ☐ / Potentiator_________________

Unit #	Exp. Date	Anti-A	Anti-B	Anti-D	Interp	IS	37°	AHG	IgG Coated RBCs	GEL	Compatibility Interpretation (Comp/Incomp)	Sent Y/N	Unit at Facility Y/N

Crossmatch Review Tech ______________________ Date _______________