Penn Medicine

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BLOOD BANK TEST REQUISITION

TEST RESULTS - BLOOD BANK USE ONLY

Anti -A	Anti -B	Anti -D	Rh-Con	Du	Du-Con	A1 Cell	B Cells	ABO/RH	Tech	Date

Antibody Screen	37°	AHG	CC	INTERP	Tech	Date
Screening Cell 1						
Screening Cell 2						

ANTIBODY IDENTIFICATION

COMMENTS

PLACE ACCESSION LABEL HERE

Historical Check:
No Previous History _____

Other: _____

_____

By _____

KEY TO SYMBOLS:
0/Neg - Negative
+/Pos - Positive
Comp/CP - Compatible
Incomp/Incp - Incompatible
✓ - Check Cells

COMPATIBILITY TESTING
[ ] UNCROSSEDMATCHED [ ] NOT REQUIRED

UNIT NUMBER	ABO/RH	IS	37°	AHG	CC	INTERP	Tech	Date

Additional Information

Label Area

VERIFICATION REQUIRED

I certify that I have collected the blood specimen from the above named patient and verified the name and medical record number on the patient's armband, requisition and specimen label.

_____ Signature _____ Printed Name

_____ Date _____ Time

FOR DOWN TIME USE

[ ] DIRECT AHG [ ] CORD BLOOD
[ ] INDIRECT AHG [ ] CAPILLARY
[ ] OTHER

[ ] Type and screen - Blood Bank will hold specimen for 3 days for possible crossmatch.

[ ] Preop Needed by:
[ ] Routine Date/Time
[ ] Stat

Ordered By: _____
(Physician)

_____ Contact Information _____ Physician Phone Number

FOR PRODUCT ORDERING DURING DOWN TIME, USE FORM "REQUEST FOR BLOOD PRODUCTS"

DO NOT USE UNAPPROVED ABBREVIATIONS