



Patient/Sample Details									
Name:		DOB:		Sample Identification:		ABO Rh:			
Diagnosis/History:		Hospital:		DAT:		Anti-IgG:		Anti-C3	

Lot No:		V287345			
Expiry Date:		2025.10.20		U.S. License 1807	

			Rh-hr								Kell						Duffy		Kidd	Lewis	MNS				P	Lutheran		Additional Antigens				TEST RESULTS									
Cell #	Rh-hr	Donor	D	C	E	c	e	f	V	C ^w	K	k	Kp ^a	Kp ^b	Js ^a	*Js ^b	Fy ^a	Fy ^b	Jk ^a	Jk ^b	Le ^a	Le ^b	M	N	S	s	P1	Lu ^a	Lu ^b	*Xg ^a	Wf ^a	Special Types								Cell #	
1	R ₁ R ₁	1301-708-2	+	+	0	0	+	0	NT	0	+	+	0	+	NT	+	+	0	0	+	+	0	0	+	+	0	+	+	0	+	+	0	+								1
2	R ₂ R ₂	2062-302-1	+	0	+	+	0	0	NT	0	0	+	0	+	NT	+	0	+	+	0	0	+	+	0	0	+	0	+	+	0	+	+	0								2
Patient Cells																																									

Notes:

1. All cells are DAT negative.

2. NT = Not tested.

3. The f antigen status has been determined presumptively.

* Indicates those antigens whose presence or absence may have been determined using only a single example of a specific antibody.

Conclusions/Further Testing Required:	
Signature/Initials: _____ Date: _____	