

**ALBAcyte® REAGENT RED BLOOD CELLS FOR DETECTION OF UNEXPECTED ANTIBODIES**

Antibody Screen (2-Cell) - REF Z454U



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

<b>Lot No:</b>	<b>V264463</b>	
<b>Expiry Date:</b>	<b>2023.10.23</b>	<b>U.S. License 1807</b>

Cell #	Rh-hr	Donor	Rh-hr								Kell				Duffy		Kidd		Lewis		MNS				P	Lutheran		Additional Antigens			TEST RESULTS				Cell #				
			D	C	E	c	e	f	V	C <sup>w</sup>	K	k	Kp <sup>a</sup>	Kp <sup>b</sup>	*Js <sup>a</sup>	*Js <sup>b</sup>	Fy <sup>a</sup>	Fy <sup>b</sup>	Jk <sup>a</sup>	Jk <sup>b</sup>	Le <sup>a</sup>	Le <sup>b</sup>	M	N	S	s	P1	Lu <sup>a</sup>	Lu <sup>b</sup>	Xg <sup>a</sup>	Wr <sup>a</sup>	Special Types							
1	R <sub>1</sub> R <sub>1</sub>	10214161	+	+	0	0	+	0	NT	0	0	+	0	+	0	+	+	0	+	0	0	+	+	0	+	0	+	0	+	*+	0								1
2	R <sub>2</sub> R <sub>2</sub>	3079874	+	0	+	+	0	0	NT	0	+	+	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: _____