|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Receipt of Reagents** | | | | | | |
| **Reagent Specificity** | **Appearance** | **Manufacturer and Lot Number** | **Expiration Date** | **Date Received/Checked** | **Checked by** | **Expected Results** |
| A1 cells |  |  |  |  |  |  |
| A2 cells |  |  |  |  |  |  |
| B cells |  |  |  |  |  |  |
| IgG coated cells |  |  |  |  |  |  |
| Screen cell I |  |  |  |  |  |  |
| Screen Cell II |  |  |  |  |  |  |
| Screen Cell III (Optional) |  |  |  |  |  |  |
| Panel Cells |  |  |  |  |  |  |
| Anti-A |  |  |  |  |  |  |
| Anti-B |  |  |  |  |  |  |
| Anti-A,B |  |  |  |  |  |  |
| Anti-D |  |  |  |  |  |  |
| Control for anti–D |  |  |  |  |  |  |
| AHG Polyspecific |  |  |  |  |  |  |
| Anti-IgG |  |  |  |  |  |  |
| Anti-C3b |  |  |  |  |  |  |
| Albumin |  |  |  |  |  |  |
| Potentiator |  |  |  |  |  |  |
| Phenotyping reagents |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |

S: Satisfactory N: Not Satisfactory