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| **ANTIGEN TYPINGS** | | | | | | | | | | | |
|  |  |  |  |  | |  | |  | | |  |
| **PATIENT** |  | | | | **DAT:** | | **Anti- IgG:** | | **Anti-C3:** | | **Control:** |
| **ID NUMBER** |  | | | | | | **Transfused or pregnant in last three months?** | | | | |
| **DATE** |  |  |  |  | | **TECH** | | Set-up | | Read | |
| **Type of sample used:** | EDTA: | Eluted cells: Method: |  |  | | Comments: | | | | | |
| **ANTISERA USED** | **LOT #** | **EXP DATE** | **POS CONTROL** | **NEG CONTROL** | | **PATIENT** | | **UNITS** | | | |
|  |  |  |  |  | |  | | **UNIT #** | | **RESULTS** | |
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