

    <p>HAEMATOLOGY LABORATORY. CROSSMATCH REQUEST AND REPORT FORM Medical Research Council Unit The Gambia at London School of Hygiene and Tropical Medicine Atlantic Boulevard, Fajara, The Gambia ISO15189:2012 accredited</p>	Section 1. PATIENT INFORMATION				
	MRC NUMBER:				
	BIRTH DATE		<i>last</i> / / <i>dd mm yr</i>	AGE	
SOURCE			CHARGE CODE		
Section 2. DONOR INFORMATION					
DONOR NUMBER:					
Section 3. REQUESTING PHYSICIAN INFORMATION					
NAME		Signature		ext	REQUEST DATE
Section 4. SPECIMEN INFORMATION (please mark appropriate box with "X")					
PATIENT SAMPLE: <input type="checkbox"/> EDTA Blood <input type="checkbox"/> Clotted Blood			DONOR SAMPLE: <input type="checkbox"/> EDTA Blood <input type="checkbox"/> Clotted Blood		
SPECIMEN COLLECTED BY		DATE		TIME	
		/ / <i>dd mm yr</i>		/ <i>hr : mm</i>	
SPECIMEN PRIORITY:		<input type="checkbox"/> Urgent		<input type="checkbox"/> Routine	
REQUEST:		<input type="checkbox"/> HAEMOGLOBIN		<input type="checkbox"/> BLOOD GROUPING	
		<input type="checkbox"/> *CROSS MATCH			
Section 5. FOR LABORATORY USE ONLY * The test is not covered by our current KENAS accreditation.					
SPECIMEN RECEIVED BY		DATE		TIME	
		/ / <i>dd mm yr</i>		/ <i>hr : mm</i>	
SAMPLE ACCEPTED YES/NO					
PATIENT RESULT			DONOR RESULT		
EXAMINATION	RESULT	REF RANGE	EXAMINATION	RESULT	REF RANGE
Haemoglobin	gm/dl	Men 13 – 18 Women 12.5– 16.5	Haemoglobin	gm/dl	Men 13.0 – 18.0 Women 12.5– 16.5
Blood Group		N/A	Blood Group		N/A
			*HIV I & II Screen		
			*VDRL Screen		
			*HBs Ag Screen		
Sample sent for HIV I & II confirmation: YES / NO			*COMPATIBILITY:		
This report is in compliance with Assay-CLA-112					
COMMENT:					

LAB TECH SIGN & DATE	SUPERVISOR SIGN & DATE	
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