



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

<b>Lot No:</b>	<b>V249134</b>	<b>U.S. License 1807</b>
<b>Expiry Date:</b>	<b>2022.08.01</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> <sup>w</sup> R <sub>1</sub>	5907190119031	+	+	0	0	+	0	0	+	0	+	0	+	+	0	+	0	+	0	+	0	+	0	+	0	+	0	+	0	0	0							1
2	R <sub>2</sub> R <sub>2</sub>	2768020117079	+	0	+	+	0	0	NT	0	0	+	0	+	0	+	0	+	0	+	0	+	0	+	0	+	0	+	*0	*0									2
3	rr	6909160705014	0	0	0	+	+	+	0	0	+	+	0	+	0	+	+	+	0	+	0	+	0	+	0	+	+	+	0	0									3
Patient Cells																																							

**Notes:**

- All cells are DAT negative.
- NT = Not tested.
- The f antigen status has been determined presumptively based on Rh-hr phenotype

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

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