

# PROFICIENCY TEST WORKSHEET – DONATION TESTING

Batch Number: \_\_\_\_\_ Set Number: \_\_\_\_\_ Date Received: \_\_\_\_\_

Visual Inspection of samples for Hemolysis, Contamination, Suitable, etc.: \_\_\_\_\_

Test performed Automation or Manual: \_\_\_\_\_ Date Test Performed: \_\_\_\_\_

Automation Testing Instrument type: \_\_\_\_\_ Instrument Serial Number: \_\_\_\_\_



Registration No. 2000/026390/08

Sample Number	Forward Grouping			Rh-Group	Reverse Grouping			Irregular Antibody		Titer	Result
	Anti-A	Anti-B	Anti-AB		Anti-D	A1 cells	A2 cells	B cells	Scr1 cells		
Sample 1											
Sample 2											
Sample 3											
Sample 4											
Sample 5											
Sample 6											
Sample 7											
Sample 8											
Sample 9											
Sample 10											

Remarks: \_\_\_\_\_