

**Historical Mismatch Notification to Versiti Indiana Donor Testing Lab
(Post-Testing)**

Facility: _____

Reported by: _____

Mistype determined by: Historical Type Hospital Testing Other: _____

Has the unit been transfused: Yes No

Has the unit been discarded: Yes No

Sample ID # _____

Sample collection date: _____

Historical Result: A Pos B Pos O Pos AB Pos A Neg B Neg O Neg AB Neg

Current Result: A Pos B Pos O Pos AB Pos A Neg B Neg O Neg AB Neg

Has this donor been previously typed by Versiti Donor Testing Lab? Yes No

If Yes, provide the last 3 donation sample ID #'s and collection dates.

- | | |
|--------------------|-----------------------|
| 1. Sample ID _____ | Collection Date _____ |
| 2. Sample ID _____ | Collection Date _____ |
| 3. Sample ID _____ | Collection Date _____ |

Has this sample been manually typed at your facility? Yes No

If Yes, attach a copy of the testing to this form.

Email completed form to TLLR@indianablood.org

Please notify the Versiti DTL within 24 hours of current sample test results being transferred to your facility.