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.