

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

Facility / Client: \_\_\_\_\_

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

Phenotyping Issue – Historical Results:

C+  Cneg  c+  cneg  E+  Eneg  e+  eneg  K+  K neg

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**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](mailto:TLLR@indianablood.org). Please notify the Versiti DTL within 24 hours of current sample test results being transferred to your facility / laboratory.