



PROFICIENCY TEST-CROSSMATCH WORKSHEET

Receipt Date of samples: _____

Date Results Submitted: _____

Note: Complete all sections, where test are not performed put N/A on the block.

Record result as follows

4	3	2	1	±	0
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Proficiency Batch Number		Set Number		Blood Bank							
Participant Name		Participant Staff Number		Method Used	Automation		Manual				
Instrument Name		Instrument Serial Number									
Test Registered		Full X-Match		ABO		RH		ABO + RH		DAT	

Screen Group	Anti-A	Anti-B	A1	B	Anti-D		Group	Rh	Patient DAT	Initial
					RT					
					37°C					

IAT Screen	Saline IS	IAT	Tech / Initial	
Sc 1				
Sc 2				

	Anti-A	Anti-B	Anti-D	Blood Type	Saline IS	IAT	DAT	Compatible Yes or No
Donor 1								
Donor 2								
Donor 3								
Donor 4								

Comments and explanations of unusual results:

Sample Integrity: Suitable for use / Unsuitable for use