

SLS HLA PLATELET ANTIBODIES PROFICIENCY PROGRAM WORKSHEET



SANBS
South African National Blood Services

Registration No. 2000/026390/08

Batch: _____

Survey ID: _____

Due Date: _____

Date Received: _____

Sample Integrity	
Acceptable	Unacceptable

Reason if Unacceptable: _____

Participant Name: _____

Sample Number	HLA Class I	Platelets

Submitted by (signature): _____

Date Submitted: _____