

Your
Hospital's
Logo
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BLOOD BANK DEPARTMENT - DAILY REACTION RECORD LOG

MONTH / YEAR:	
WORKSTATION:	
PAGE:	OF:

DATE	TECH	PATIENT NAME - M.R. (Use Label)	Record Check	ANTI A	ANTI B	ANTI AB	ANTI D	WEAK D	Rh. CONT	A1 CELLS	B CELLS	Interp	DAT		√	I.S. Saline			37° C			AHG			√	Interp	DONOR UNIT #	DONOR GROUP / RH	COMPATIBILITY TEST				Interp	TECH	SBB	√/ R	
													IgG	C3		1	2	3	1	2	3	1	2	3					1	37C	AHG	√					
TESTING																																					

REVIEWED BY: _____ DATE: _____