


<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  </div> <div style="text-align: center;"> <p>HAEMATOLOGY CROSSMATCH FORM MRCG, Atlantic Boulevard, Fajara, The Gambia</p> </div> </div>			Section 1. PATIENT INFORMATION			
			MRC NUMBER:			
			BIRTH DATE	<i>last</i> / / <i>dd mm yr</i>	AGE	SEX
			SOURCE		CHARGE CODE	
Section 2. DONOR INFORMATION						
DONOR NUMBER:						
Section 3. ORDERING PHYSICIAN INFORMATION						
NAME		Signature		REQUEST DATE		
		ext				
Section 4. SPECIMEN INFORMATION (please mark appropriate box with "X")						
PATIENT SAMPLE: <input type="checkbox"/> EDTA Blood <input type="checkbox"/> Clotted Blood		DONOR SAMPLE: <input type="checkbox"/> EDTA Blood <input type="checkbox"/> Clotted Blood				
SPECIMEN COLLECTED BY		DATE		TIME		
		/ / <i>dd mm yr</i>		/ <i>hr : mm</i>		
SPECIMEN PRIORITY: <input type="checkbox"/> Urgent <input type="checkbox"/> Routine						
REQUEST: <input type="checkbox"/> HAEMOGLOBIN <input type="checkbox"/> BLOOD GROUPING <input type="checkbox"/> CROSS MATCH						
Section 5. FOR LABORATORY USE ONLY						
SPECIMEN RECEIVED BY		DATE		SAMPLE ACCEPTED YES/NO		
		/ / <i>dd mm yr</i>				
		/				
		<i>hr : mm</i>				
PATIENT RESULT			DONOR RESULT			
EXAMINATION	RESULT	REF RANGE	EXAMINATION	RESULT	REF RANGE	
Haemoglobin	gm/dl	Men 13 – 18 Women 12.5– 16.5	Haemoglobin	gm/dl	Men 13.0 – 18.0 Women 12.5– 16.5	
Blood Group		N/A	Blood Group		N/A	
			HIV I & II Screen			
			VDRL Screen			
			HBs Ag Screen			
Sample sent for HIV I & II confirmation: YES / NO			COMPATIBILITY:			
This report is in compliance with Assay-CLA-112						
COMMENT:						

LAB TECH SIGN & DATE	SUPERVISOR SIGN & DATE	
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