


## Laboratory Form A-1 (Cell C)

This laboratory form is linked to a QR code with pre-filled fields for accurate patient identification. Please double check the data inputted, make necessary corrections if applicable and fill-out the missing fields.

 **jeanarojas@su.edu.ph** (not shared) [Switch account](#)

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\* Required

Name of Patient: (Lastname, Firstname M.I.) \*

Rosario Felicity Grace O.

Date of birth \*

Date

08/12/2002

Age \*

19

 Sex \*

Female

Male

Name of test \*

ABO forward grouping and RH typing (Slide Me

Result \*

Reaction: Anti - A positive reaction. Anti - B negative reaction. Anti - D positive reaction

Antigen/s detected: Antigen A

ABO & Rh Blood Group: Type A + or A Rh(D) Blood type

Reference range \*

N/A

Interpretation \*

The patient's blood type is Type A+ / A Rh(D)

Antigen/s detected would be antigen A

Antibodies in plasma would be Anti-B

They are not allowed any another blood types except for fellow Type A Rh(D) and Type O

Name of Medical Technologist \*



Jean Mari A. Rojas

Date performed \*

Date

03/06/2022

Time performed \*

Time

08 : 54 PM ▼

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