



NEQABB

National External Quality Assessment in Blood Banking

PUSAT DARAH NEGARA, Jalan Tun Razak, 50400 KL

Siri Ujian	:	_____
Lab ID	:	_____
Nama Hosp	:	_____

→ UP : Bhgn Immunoematologi, PDN Tel : 03-2695 5572 Fax: 03-2698 0362 E-mail : neqabb@pdn.moh.gov.my

Date specimen received : _____ Date of send result : _____ via : fax / e-mail / pos **
 Date specimen tested : _____ Sample tested by (name) : _____
Compulsory

Please write the scoring of each reaction in all workboxes below. Use score 0 to 4+

Result page 1 of 2

SECTION A : ABO/RhD GROUPING ON DONOR

Sample	Antisera			Lectin		Cells			Rh typing		Blood Group Result	Method (tick) <input type="radio"/> Tile <input type="radio"/> Tube <input type="radio"/> Gel
	Anti A	Anti B	Anti AB	Anti A1	Anti H	A	B	O	Anti D	D ^u		
Donor 1												
Donor 2												

SECTION B : PRE-TRANSFUSION TESTING ON PATIENT A

B1 : ABO/RhD grouping test

Antisera			Lectin		Cells			Rh typing	
Anti A	Anti B	Anti AB	Anti A1	Anti H	A	B	O	Anti D	D ^u

Blood Group Result : _____

B2 : Direct Antiglobulin Test (DAT)

DAT	Interpretation (tick) :-
IgG	<input type="radio"/> Negative
C3d	<input type="radio"/> Positive

B3 : Antibody Screening

Saline (RT)			Saline (37°C)			IAT			Gel Card		
SI	SII	SIII	SI	SII	SIII	SI	SII	SIII	SI	SII	SIII

Interpretation (tick) :- Negative Positive

B4 : Antibody Identification

(write all antibody identified, one antibody in each column)

B5 : Compatibility testing

Crossmatch sample	Saline (RT)	Saline (37°C)	IAT	Gel Card
Patient A xm Donor 1				
Patient A xm Donor 2				

Interpretation (tick) :-
 Compatible Incompatible
 Compatible Incompatible

B6 : Comment / Note on Patient A



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SAMPLE QUALITY

tick ✓ for "OK" and X for 'no'

Donor's Cells	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Patient's cell	A <input type="checkbox"/>	B <input type="checkbox"/>	Patient's serum	A <input type="checkbox"/>	B <input type="checkbox"/>
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Please write the scoring of each reaction in all workboxes below. Use score 0 to 4+

Result page 2 of 2

SECTION C : PRE-TRANSFUSION TESTING ON PATIENT B

C1 : ABO/RhD grouping test

Antisera			Lectin		Cells			Rh typing	
Anti A	Anti B	Anti AB	Anti A1	Anti H	A	B	O	Anti D	D ^u
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Blood Group Result : _____

C2 : Direct Antiglobulin Test (DAT)

DAT	<input type="checkbox"/>	Interpretation (tick) :- <input type="radio"/> Negative <input type="radio"/> Positive
IgG	<input type="checkbox"/>	
C3d	<input type="checkbox"/>	

C3 : Antibody Screening

Saline (RT)			Saline (37°C)			IAT			Gel Card		
SI	SII	SIII	SI	SII	SIII	SI	SII	SIII	SI	SII	SIII
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Interpretation (tick) :- Negative Positive

C4 : Antibody Identification

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

(write all antibody identified, one antibody in each column)

C5 : Compatibility testing

Crossmatch sample	Saline (RT)	Saline (37°C)	IAT	Gel Card
Patient B xm Donor 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient B xm Donor 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Interpretation (tick) :-
 Compatible Incompatible
 Compatible Incompatible

C6 : Comment / Note on Patient B

SECTION D : METHODS AND REAGENTS

D1 : Method for patient's blood grouping

Tile
 Tube
 Gel

D2 : Method for DAT Test

Tube
 Gel

D2 : Antibody screening

In-house O cell
 Commercial
 Brand :

D3 : Antibody Identification

Brand :
 Batch :

Result verified by :-

(sign, chop, date)