



CMC EQAS - TRANSFUSION MEDICINE MODULE

Department of Transfusion Medicine, CMC Vellore

Download Results template – IH Results Entry Form

Survey Number	542024T				Participant Number					
Patient Identification	Cell (Forward) Typing				Serum (Reverse) Group				ABO & Rh(D) Result	
	Anti A	Anti B	Anti AB*	Anti D	A1 Cells	A2 Cells*	B cells	O cells	Group	RH Type
Patient -1 ID: Name:										
Patient -2 ID: Name:										
Sample Processed Date										
Sample Received Date										
Submitted Date										

Issued under authorisation of

Dr. Dolly Daniel
Scientific Coordinator

Dr. Joy Mammen
Program coordinator

For any clarification please write with your TPIN Number (4 digit) to:

The Program Coordinator
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