

Checklist for Guideline Section 7, Crossmatching

The purpose of these checklists is to facilitate guideline implementation/practical application and may be further detailed in laboratory-specific standard operating procedures (SOPs). The numbers in the first column correspond to the section numbers in the guideline. The N/A option (listed here only for applicable items) should only be employed for items not pertaining to the laboratory, with an explanation in the additional comment box.

Guideline Recommendation	Compliant?	Additional Comment(s) by Auditor
7.1 Identification information on submission form/orders matches that of sample(s).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
7.1 Specimens from recipient and donor(s) are clearly labeled with date, species, animal or donor identification, and donor blood type.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
7.1 History of a prior transfusion date(s) is provided.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
7.1 Sera and plasma samples are examined for hemolysis upon harvest. Samples hemolyzed beyond accepted limits for the procedure are rejected and documented.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
7.1 Whole blood and serum/plasma specimens are stored at 1-6°C when not in use.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
7.2.1 Crossmatching SOP(s) exist and are readily available.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
7.2.2 Autocontrols and steps to manage or minimize false positive and negative results are included with the crossmatch.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
7.3 Reports clearly indicate date/time of specimen collection, species, and identification of the animal patient and each donor against which a crossmatch has been performed.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
7.3 Reports clearly indicate whether each donor was found compatible or incompatible with the	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

patient, type and strength of incompatibility, with the date/time of completion.		
7.3 Sera/plasma and whole blood or packed red cells are retained for potential follow-up testing.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	