

MOH 240A-1



REPUBLIC OF KENYA

MINISTRY OF HEALTH

BLOOD GROUPING REGISTER

INSTRUCTIONS ON THE USE OF FOR THE BLOOD GROUPING REGISTER

1. Title:

Blood Grouping Register

2. Objective of the Instructions:

To describe how to complete the register accurately

3. Description of register:

Bound, serialized and paginated volume for recording and tracking all blood grouping tests done.

4. Location:

Must be physically located on the blood grouping bench.

5. Who fills the register?

The technical officer performing the tests will fill the register.

6. Steps for filling the register:

Fill the register according to the format of the columns:

6.1. In the first column of the register (without a heading), number the sample or specimen in the order in which it was received at the bench.

6.2. Enter the date first as dd/mm/yyyy, followed by the time the specimen was received on the bench.

6.3. Enter the same lab number allocated to the specimen as it appears in the sample and specimen Reception register

6.4. Enter the patient's name as indicated in the sample and specimen request and report form.

6.5. Enter the actual age of the patient, in years, months or days, as recorded in the sample and specimen request and report form.

6.6. Record other details as specified in the sample and specimen request and report form. These include: sex, IP/OP Number, facility/ward/clinic of origin, bed where patient is located.

6.7. Once the grouping is done for the patient, indicate the cell reactivity, whether A, B, D or D^u, by ticking in the space provided.

6.8. Once the grouping is done for the patient, indicate serum reactivity whether Ac, Bc or Oc, by ticking in the space provided.

6.9. Interpret the above results by indicating whether the patient's blood group is A, B, or O, by writing out the group, eg AB

6.10. Note whether Rhesus Negative or Rhesus Positive.

6.11. The technician who determines the blood group writes down his name and signs.

Facility name: _____

District _____

Province _____

