# Rapid ABO/RhTesting

| | Eldon Card ABO/Rh Typing | | | | | | |
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| | Lot # | | | | | | |
| Assigned Unit # / Patient ID | Exp: | | | | | Tech Initials | |
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Supervisor Review: _____ Date: _____

Form 147
V: 20 Dec 2015

QA/QC Review: _____ Date: _____