

SBB Applicant Experience

LifeSouth Community Blood Centers

Applicant: _____ Date: _____

Indicate how often you perform the following procedures (daily, weekly or monthly). If it has been more than one year since you last performed a procedure, specify the last year it was performed in the "LYP" column. Leave blank any procedures you have not performed. Do not include school or workshop experience.

Procedure	Daily	Weekly	Monthly	LYP
ABO and Rh typing by tube				
ABO and Rh typing by gel				
ABO and Rh typing by solid phase				
Antibody screening				
Red cell phenotyping				
Direct antiglobulin testing				
Compatibility testing				
Resolution of ABO discrepancies				
Single antibody identification				
Multiple antibody identification				
Enzyme panels				
DTT/CDP treatment of cells				
Neutralization techniques				
Autoadsorptions				
Differential or alloadsorptions				
Elutions, temperature (Lui Freeze or Heat)				
Elutions, pH (ELU kit)				
Cell separation (hematocrit or hypotonic saline)				
Fetomaternal hemorrhage screen				
Kleihauer-Betke stain				
Donor blood collection				
Infectious disease testing				
Component preparation for storage (prepare FFP, platelets, cryo)				
Component preparation for administration (pool platelets, thaw, aliquot)				
Issue blood or components				
Investigation of transfusion reactions				
HLA typing				
Molecular red cell genotyping				
Quality Assurance activities (audits, validation, root cause)				
SOP writing				
Testing record review				
Training/educational activities				
Other (specify):				

Scan and email the completed form to education@lifesouth.org.

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Form Version History

Effective Date	Significant Changes
19 Aug 2026	- Updated form formatting to match Tech Comm style guidelines. - Added a Date field. - Made additional minor changes.
04 Sep 2024	New form.