



**ASCP Board of Registry**  
**Suite 1600**  
**33 W Monroe St**  
**Chicago, IL 60603**  
**(312) 541-4979**

**TECHNOLOGIST IN BLOOD BANKING**  
**REFERENCE FORM**  
**(Routes 2 & 4)**

**PART I (To be completed by Applicant)**

_____	_____
Applicant's Name	Social Security #
_____	_____
Address	E-mail Address
_____	( ) _____
	Daytime Telephone Number

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**PART II (To be completed by Employer)**

**SUBJECT:** Verification of Experience for Examination Eligibility

This individual, identified above, has applied for Board of Registry Certification as a Technologist in Blood Banking. In order to establish this applicant's eligibility for examination, the following information is necessary.

I. Please complete

**EMPLOYMENT** (including on-the-job training)

Date employment started in Blood Banking    Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
Date employment ended in Blood Banking        Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
How many hours per week in Blood Banking?    \_\_\_\_\_

II. A technologist in blood banking must be proficient in all of the following procedures. Please place an X by each procedure in which this applicant is proficient by using **The Guidelines for Evaluating Experience of a Candidate for Technologist in Blood Banking** ([http://www.ascp.org/Certification/CertifyingExaminations/cert\\_procedures/reference/bb\\_guideline.pdf](http://www.ascp.org/Certification/CertifyingExaminations/cert_procedures/reference/bb_guideline.pdf))

<u>SEROLOGIC TESTING</u>	<u>QUALITY CONTROL</u>
_____ ABO and Rh typing	_____ Reagents, equipment
_____ Antibody detection & identification	
_____ Crossmatching	<u>DONOR COLLECTION, PROCESSING AND TESTING</u>
_____ Tests for other blood group antigens	(Proficiency may be demonstrated through performance, observation or simulation.)
_____ Direct antiglobulin tests	_____ Donor selection, preparation and collection
	_____ Processing or confirmatory testing
<u>ROUTINE PROBLEM SOLVING</u>	_____ Component preparation for storage and administration
_____ Transfusion reactions	
_____ Immune hemolytic anemias	
_____ Hemolytic disease of the fetus and newborn	
_____ Rh immune globulin studies	

III. *This form must be completed and signed by the Laboratory Director (Physician or Medical Scientist or the supervising certified Medical Technologist) or it will not be acceptable.* By signing below, I verify that this applicant is proficient in each area of blood banking that I have checked above.

_____	_____
(Please Print) LABORATORY DIRECTOR'S OR SUPERVISOR'S NAME, TITLE AND CERTIFICATION	DATE
_____	
LABORATORY DIRECTOR'S OR SUPERVISOR'S SIGNATURE	
_____	_____
TELEPHONE NUMBER	E-MAIL ADDRESS
_____	_____
INSTITUTION	
_____	_____
CITY	STATE
	ZIP CODE

**BE SURE TO INCLUDE A LETTER OF AUTHENTICITY FROM YOUR EMPLOYER WITH THIS REFERENCE FORM. THE LETTER OF AUTHENTICITY MUST BE PRINTED ON ORIGINAL LETTERHEAD, STATE THAT THE REFERENCE FORM WAS COMPLETED BY YOUR EMPLOYER AND INCLUDE THE DATE AND YOUR EMPLOYER'S SIGNATURE.**  
BOR 10/07