

REQUEST FOR REFERENCE LABORATORY TESTING

Complete information **must** accompany each specimen. Improperly labeled specimens will **not** be processed.

Date		Hospital/Lab	
Ordering Priority		City/State	
Ordering Physician		Phone ()	Fax ()
TEST REQUEST			
<input type="checkbox"/> ABO/Rh typing <input type="checkbox"/> Antibody Screen/Identification <input type="checkbox"/> Antibody Titration <input type="checkbox"/> Direct Antiglobulin Test <input type="checkbox"/> Elution <input type="checkbox"/> Hemolytic Disease of the Newborn Investigation		<input type="checkbox"/> Serological Phenotype _____ <input type="checkbox"/> Transfusion Reaction Investigation <input type="checkbox"/> Common Red Cell Antigen Genotype WBC Count: _____ DAT Positive: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> RHD Genotype <input type="checkbox"/> RHCE Genotype	
		<input type="checkbox"/> Platelet Compatibility <input type="checkbox"/> HLA antigen and antibody (sendout) <input type="checkbox"/> Monocyte Monolayer Assay, MMA (sendout) <input type="checkbox"/> NAIT Investigation (sendout) <input type="checkbox"/> Other _____	
PATIENT INFORMATION			
Patient's Name (Last, First, Middle):			
Ethnicity:	Date of Birth:		Sex:
Identifying #:	Sample Date, Time and Collecting Individual: <i>(Sample noted here will be used for crossmatch, if applicable)</i>		
Date, time, and collecting individual for each supplementary tube submitted:			
Location:	<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient	Hgb/Hct:	Blood type:
History of previous red cell antibody?	<input type="checkbox"/> No <input type="checkbox"/> Yes _____	Antibody identified on current sample?	<input type="checkbox"/> No <input type="checkbox"/> Yes _____
Describe current transfusion problem and/or reason for submitting			
<i>Test method(s), phase(s), and number of cells where positive reactions observed:</i>			
Auto Control Positive?	<input type="checkbox"/> No <input type="checkbox"/> Yes	DAT:	<input type="checkbox"/> Not performed <input type="checkbox"/> Negative <input type="checkbox"/> Positive Polyspecific <input type="checkbox"/> Positive IgG <input type="checkbox"/> Positive Complement
CLINICAL HISTORY			
Clinical diagnosis:			
Medications:			
Has the patient been treated with immunoglobulin-based therapy in the last 6 months?			<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please check one below)
<input type="checkbox"/> Anti-CD38	<input type="checkbox"/> Anti-CD47	<input type="checkbox"/> Anti-CD20	<input type="checkbox"/> CTLA <input type="checkbox"/> IVIG
<input type="checkbox"/> Daratumumab	<input type="checkbox"/> Isatuximab	<input type="checkbox"/> MOR202	<input type="checkbox"/> Rituximab
Date of Last Dose:			
Transfusion:	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes, Date of most recent and number of RBC in past 3 months:		
Transplant:	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes, date of transplant:		<input type="checkbox"/> Autologous <input type="checkbox"/> Allogeneic
Pregnancy:	<input type="checkbox"/> No <input type="checkbox"/> Yes, estimated date of delivery:		Number of previous pregnancies:
Has patient received Rh immune globulin in the past 6 months? <input type="checkbox"/> No <input type="checkbox"/> Yes, date received:			
UNIT REQUEST			
Blood Bank unique identifier:		Date and time needed by:	# of units requested:
Special Requirements: <input type="checkbox"/> Irradiated <input type="checkbox"/> HgbS Negative <input type="checkbox"/> CMV Negative			
<input type="checkbox"/> RH & Kell Matched <input type="checkbox"/> Kell Matched <input type="checkbox"/> Phenotypically Matched			
Leukocyte-reduced RBC		Platelet	
<input type="checkbox"/> Crossmatched	<input type="checkbox"/> Antigen Negative	<input type="checkbox"/> Crossmatched	<input type="checkbox"/> HLA Matched

LABELING REQUIREMENTS

All samples referred for crossmatching and pretransfusion testing must meet the current Standards of the AABB regarding recipient blood samples. Sender will be notified if a sample is unacceptable; a new sample will be required.

1. Patient First and Last Name
2. Patient Identifying Number (Date of Birth not acceptable)
3. Date and Time Sample Collected
4. Phlebotomist Identity (initials)
5. Blood Bank Unique Identifier ****crossmatch****

SPECIMEN REQUIREMENTS

Specimens collected in gel-type separation tubes are unacceptable.
Specimen may be rejected if quantity is projected to be insufficient for testing.

TEST	SAMPLE REQUIRED
ABO and Rh Typing	5-10 mL EDTA whole blood or clotted blood
Antibody Screen/Identification and Compatibility Testing	10-20 mL EDTA whole blood and 7 mL clotted blood; If patient has a positive direct antiglobulin test (DAT) include a 10-20 mL EDTA tube
Direct Antiglobulin Test	5-10 mL EDTA whole blood
Elution Study	10-20 mL EDTA whole blood
Molecular	5 mL EDTA whole blood
Hemolytic Disease of the Newborn Investigation	Mom: 10 mL clotted blood or EDTA whole blood; Baby: 2-5 mL EDTA cord blood
HLA Antigen and Antibody	10 mL EDTA whole blood and 7 mL clotted blood
Monocyte Monolayer Assay (MMA)	5 mL EDTA whole blood and two 7 mL clotted blood
Platelet Compatibility/Crossmatch	10-20 mL clotted blood or EDTA whole blood; sample must be submitted within 48 hours of collection. Samples received and frozen within 48 hours are acceptable for 7 days
Transfusion Reaction	10-20 mL clotted blood or whole blood EDTA and segments from implicated donor unit(s)

DIRECTIONS FOR SAMPLE TRANSPORT

Ship samples at ambient temperatures unless temperatures are >82F or <32F.
If ambient temperature is >82F, ship samples with coolant.
If ambient temperature is <32F, ship samples in insulated container.

STAFFING HOURS

Memorial Blood Centers' Immunohematology Reference Laboratory (IRL) is staffed from 6:00 AM Monday to 10:00 PM Friday. During these hours, contact the lab at 651.332.7125. The IRL staff is on-call from 10:00 PM to 6:00 AM Monday through Friday, weekends and holidays. For after-hours requests, call Hospital Services at 651.332.7108 and ask for the Reference Lab On-Call Technologist.