

## Reference Laboratory Request Form

**For Blood Center Use Only**

 Center \_\_\_\_\_  
 Phone \_\_\_\_\_

 Case Number \_\_\_\_\_  
 Date Received \_\_\_\_\_

**Submitting Facility Information**

 Facility Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Requesting Physician \_\_\_\_\_

 Phone \_\_\_\_\_  
 Fax \_\_\_\_\_

**Urgency Of Request**
 Routine, date needed \_\_\_\_\_  
 Routine, transfusion not needed

 Blood for surgery, date \_\_\_\_\_  
 ASAP  
 STAT

Sample Collection: Date \_\_\_\_\_ Time \_\_\_\_\_

 Patient Name \_\_\_\_\_ Patient Facility ID (MRN) \_\_\_\_\_  
First Last  
 Birthdate \_\_\_\_\_ Ethnicity \_\_\_\_\_ Gender  M  F Blood Type \_\_\_\_\_

**Clinical Status**

 Diagnosis \_\_\_\_\_  
 Medications \_\_\_\_\_ Rhlg given?  Y  N Date \_\_\_\_\_  
 Hgb/Hct \_\_\_\_\_ Platelet Count \_\_\_\_\_ Patient Bleeding?  Y  N

**Transfusion History**

 Within the last 3 months?  Y  N Dates and Products \_\_\_\_\_  
 Prior to last 3 months?  Y  N Dates \_\_\_\_\_  
 History of transfusion reactions?  Y  N Dates \_\_\_\_\_ Reaction Type \_\_\_\_\_  
 Indicate previous antibodies detected, check specificities below. Other non-listed \_\_\_\_\_

Anti-	D	C	E	c	e	f	K	k	Fy <sup>a</sup>	Fy <sup>b</sup>	JK <sup>a</sup>	JK <sup>b</sup>	M	N	S	s	C <sup>w</sup>	WAA

**Pregnancy History**

 Currently pregnant?  Y  N Due Date \_\_\_\_\_ Number of Pregnancies \_\_\_\_\_ Gravida \_\_\_\_\_ / Para \_\_\_\_\_

**Red Cell Testing Request: See page 2 for sample requirements and turnaround times.**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> ABO discrepancy resolution     | <input type="checkbox"/> D(Rh) discrepancy resolution     | <input type="checkbox"/> Red cell genotyping – RHCE         |
| <input type="checkbox"/> Antibody ID                    | <input type="checkbox"/> Donath-Landsteiner testing       | <input type="checkbox"/> Red cell genotyping – RHD          |
| <input type="checkbox"/> Antibody titer                 | <input type="checkbox"/> Elution                          | <input type="checkbox"/> Thermal amplitude                  |
| <input type="checkbox"/> Cold agglutinin screen & titer | <input type="checkbox"/> Extended phenotype (serological) | <input type="checkbox"/> Transfusion reaction investigation |
| <input type="checkbox"/> DAT                            | <input type="checkbox"/> Red cell genotyping – complete   | <input type="checkbox"/> Other _____                        |

**Platelet Testing Request: See page 2 for sample requirements and turnaround times.**

- 
- Platelet antibody screen
- 
- 
- Platelet crossmatch (crossmatch platelet special request:
- 
- CMV neg
- 
- Irradiated
- 
- Other \_\_\_\_\_ )
- 
- 
- Mark here if frozen sample is available at IRL for platelet crossmatch
- 
- 
- Platelet refractory panel (platelet crossmatch, platelet antibody screen, HLA A,B (IR) typing, HLA matched donor search)
- 
- 
- HLA class I antibody screen/ID, if positive
- 
- HLA A,B (IR) typing
- 
- Platelet genotyping
- 
- 
- HLA match/compatible donor search

**For Blood Center Use Only**Center \_\_\_\_\_  
Phone \_\_\_\_\_Case Number \_\_\_\_\_  
Date Received \_\_\_\_\_**Instructions:**

1. Please contact blood center before sending samples to arrange sample pick up and/or shipping. Contact information is at [www.hospitals.vitalant.org](http://www.hospitals.vitalant.org).
2. Fill out this request form as completely as possible.
3. Label all samples with: patient name, second unique patient identifier number, date collected. Unlabeled specimens cannot be tested.
4. If sending unit segments for testing, label each segment with Donor Identification Number (DIN) and include list of DINs, segment numbers, and ABO/Rh.
5. **Sample Requirements.** (No gel separator tubes.) For detailed list of tests and sample requirements visit [www.laboratories.vitalant.org](http://www.laboratories.vitalant.org).

Test Request	Sample Requirements
Red cell/antibody ID testing	1 clot and 4 EDTA tubes
Platelet testing <ul style="list-style-type: none"> <li>▪ Platelet crossmatch or antibody screen</li> <li>▪ Platelet refractory panel – includes: platelet crossmatch, platelet antibody screen, HLA A,B (IR) typing, and HLA matched donor search</li> </ul>	3 – 7 mL of SERUM 3 – 7 mL of SERUM and 2 EDTA tubes <b>NOTE:</b> <ul style="list-style-type: none"> <li>▪ Serum must be separated from red cell before shipping.</li> <li>▪ Serum from gel separator tubes is NOT acceptable.</li> </ul>
HLA A,B (IR) typing	1 – 3 EDTA tubes
HLA Class I antibody screen/ID (IgG only)	1 – 2 clot tubes
Molecular testing (red cells or platelets)	1 – 2 EDTA tubes

6. Attach copies of any work performed at your facility.
7. Update your local center and/or the IRL with any changes in the status of the request.
8. Contact local blood center to request antigen negative units.

**Turnaround time**

- Platelet crossmatch and RBC antibody assessment: Routine: 1 – 2 days, ASAP: 24 hours, STAT: 8 hours (STAT fee may apply)
- Platelet antibody screen (ELISA) test: 1 – 4 days.
- Molecular testing (red cell or platelets): 7 – 10 days
- HLA A,B (IR) typing, HLA antibody, and donor search results: Routine: 48 – 72 hours , ASAP: 24 – 48 hours, STAT: 24 hours

**NOTE: All TATs are measured from the time the sample is received by the testing laboratory.****The blood center will advise you if your sample will be forwarded to one of our network IRLs.**

Vitalant – IRL, 2424 W. Erie Dr., Tempe, AZ 85282. Phone (602) 343-7133/Fax (602) 343-7079

Vitalant, 717 Yosemite St., Denver, CO 80230. Phone (303) 340-1000/Fax (303) 363-2279