

## Reference Laboratory Request Form

**For Blood Center Use Only**

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

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

**Submitting Facility Information**

 Facility Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Fax \_\_\_\_\_  
 Requesting Physician ? \_\_\_\_\_

**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 Gravidia \_\_\_\_\_ / 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



**BS 313 (Rev. 13) Customer Instructions**

Legend	Field title	How the information you supply is used to focus Vitalant testing efforts
A	Requesting Physician	SIGNIFICANCE IN TESTING: The request <u>can not proceed</u> without a doctor's order.
		HOW TO COMPLETE: Enter physician first and last name.
B	Ethnicity	SIGNIFICANCE IN TESTING: The patient's race suggests which rare red cells to test when we suspect the presence of an antibody to a high incidence antigen.
		EXAMPLE: <b>African American</b> may indicate Js <sup>b</sup> , Hy, At <sup>a</sup> and others <b>Caucasian</b> may indicate Kp <sup>b</sup> , k, Yt <sup>a</sup> and others <b>Hispanic</b> may indicate Dib, Ge and others <b>Asian</b> may indicate Di <sup>b</sup> , Jr <sup>a</sup> and others
		HOW TO COMPLETE: Enter race (e.g., African American, Caucasian, Hispanic, Asian, Native American, Pacific Islander, etc.)
C	Diagnosis	SIGNIFICANCE IN TESTING: Knowing the patient's diagnosis can save time by eliminating repeat testing when the initial results are unusual.
		EXAMPLE: In performing antibody identification on a sample, the laboratory could not explain why the autoantibody could not be completely removed after <b>four</b> double volume adsorptions procedures. The Vitalant staff called the facility and learned that the patient diagnosis was Evans syndrome and that the patient had been receiving IVIG.
		HOW TO COMPLETE: Indicate the major underlying diagnosis. Please, do not use "anemia."
D	Medications	SIGNIFICANCE IN TESTING: Information about medications can help to focus the investigation whenever the results are unusual.
		EXAMPLE: WinRhoD in the medication list, together with a diagnosis of thrombocytopenia, ITP, can be a strong predictor of anti-D in a D+ patient.
		HOW TO COMPLETE: List all current and recent medications, especially IVIG and Rh immune globulin.

*Continued on next page*

Legend	Field title	How the information you supply is used to focus Vitalant testing efforts
E	Previous Transfusions?	SIGNIFICANCE IN TESTING: Information about previous transfusions determines the type of procedure that can or cannot be performed.
		EXAMPLE: Autologous vs. allogeneic (differential) adsorptions. Autologous adsorptions and routine phenotype cannot be performed if the patient has been transfused within the past 3 months.
		HOW TO COMPLETE: Indicate "Y" if the patient has ever received a prior blood transfusion. Of all prior transfusions, enter the number of transfusions received in the last 90 days. Indicate the date (MM/DD/YYYY) of the last transfusion.
F	Transfusion Reactions	SIGNIFICANCE IN TESTING: Transfusion reactions can help to focus the investigation whenever the results are unusual.
		EXAMPLE: The presence of Anti-E was detected by gel and PEG-tube methods. The hospital reported transfusing E- blood, but the patient still had a hemolytic transfusion reaction. The sample was tested again by extended incubation and enzyme methods, which then detected Anti-c. Transfusion with E- c- units resulted in no further transfusion reactions.
		HOW TO COMPLETE: Determine if patient has experienced transfusion reactions and classify the type of reaction. Enter post-transfusion bilirubin, if available.
G	Known Previous Antibodies	SIGNIFICANCE IN TESTING: When a previous antibody is known, the laboratory may not test for that known antibody and would focus instead on testing for other antibodies.
		EXAMPLE: Patient history by Vitalant indicates previous anti-Jk <sup>a</sup> and E. Testing would proceed for other antibodies, and a transfusion recommendation would be made for the known and newly detected antibodies.
		HOW TO COMPLETE: List antibodies previously identified for that patient, e.g., anti-K, -E.
H	Platelet Refractory Panel Includes	SIGNIFICANCE IN TESTING: For the platelet refractory patient, a panel of tests can be ordered which includes Platelet Antibody Screen, Platelet Crossmatch, HLA A,B (IR) typing and an HLA matched donor search.
		EXAMPLE: For patients who do not demonstrate an appropriate increase in their platelet count after the transfusion of two platelet products, this panel may be indicated.
		HOW TO COMPLETE: Check the box to the left of the listing to initiate a platelet refractory panel.