**REQUEST FOR REFERENCE LABORATORY STUDIES**

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| **Patient’s Name:**   Last Name First Name Middle Name | Patient’s MRN #:  |
| ABO/Rh(D) Type:  | Gender: [ ]  Male [ ]  Female | DOB:  | Ethnicity:  |
| Facility Name:  | Blood Bank Phone #:  |
| Address:  | Blood Bank Fax #:  |
| Individual Submitting Request:  | Requesting Physician:  |
| **Date Specimen Collected:**   | **Urgency of Request:**  | [ ]  Code 1 (STAT) | [ ]  Code 3 (Routine) – Desired date:  |
| Specimen Type: | [ ]  Peripheral | [ ]  Pre-Transfusion | [ ]  Post-Transfusion | [ ]  Donor Sample | [ ]  Cord Blood | [ ]  Others:  |

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| **CLINICAL STATUS AND HISTORY** |
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| Clinical Diagnosis:  | Medications:  |
| RhIg given? [ ]  N/A [ ]  No [ ]  Yes, date administered:  | Hgb/Hct:  | Patient bleeding? [ ]  Yes [ ]  No |
| **Transfusion History:** [ ]  Unknown

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| [ ]  No record of transfusion |  |
| [ ]  Transfused prior to the last 3 months | Date/s and Product/s:  |
| [ ]  Transfused within the last 3 months | Date/s and Product/s:  |
| [ ]  History of transfusion reaction/s? | Date/s and Reaction type/s:  |

**Pregnancy History:**

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| Currently pregnant? | [ ] N/A [ ] No  | [ ]  Yes, due date:  | Number of Pregnancies:\_\_\_\_\_\_\_ | Gravida:  | Para:  |

**Previous antibodies detected:**

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| Anti | [ ]  -D | [ ]  -C | [ ]  -E | [ ]  - | [ ]  - | [ ]  -K | [ ]  -Fya | [ ]  -Fyb | [ ]  -Jka | [ ]  -Jkb | [ ]  -S | [ ]  - | [ ]  WAA |
| Others (Please specify):  |

***Please provide copies of blood bank test results and panels, if available.*** |

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| **INVESTIGATION REQUEST** |
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| *See back for sample requirements.* |
| [ ]  Antibody Identification | [ ]  RBC Phenotyping: Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  Platelet Antibody Screen |
| [ ]  ABO Discrepancy Resolution | [ ]  Molecular typing: HEA panel  | [ ]  Platelet Crossmatch |
| [ ]  DAT/Elution | [ ]  Molecular typing: RH genotype  | [ ]  HLA class I (A,B) Typing (Vitalant Lab) |
| [ ]  Compatibility testing of Red Cells | [ ]  Molecular typing: Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  HLA class I antibody screen/ID, if positive (Vitalant Lab) |
| [ ]  Transfusion Reaction Investigation  | [ ]  Cold Agglutinin Screen and Titer  | [ ]  Fetal Bleed Quantitation |
| [ ]  RBC Antibody Titration: Specify: \_\_\_\_\_ | [ ]  Thermal Amplitude Studies | [ ]  Others:  |

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| **PRODUCT REQUEST** |
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| **Number of units:** |

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 | **Special Requests:** | [ ]  HgS Negative | [ ]  CMV Negative | [ ]  Irradiated | [ ]  Others:  |

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| **COMMENTS:** | Specimen Pick-up Required: [ ]  Yes [ ]  No (Submit form with specimen) |

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| Called to:  | Date:  | Time:  |

***Please call Reference Laboratory to notify staff of intent to submit sample: (909) 386-6858***

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| **FOR REFERENCE LAB USE ONLY** |
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| Received by:  |  | Sample acceptable?  | [ ]  Yes | [ ]  No, specify reason:  |
| Date/Time:  |  | Notified:  | Notified by:  | Date/Time:  |

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| **INSTRUCTIONS**1. Complete Side 1 of the Request form.
2. Call (909) 386-6858 to notify Reference Laboratory of intent to submit sample.
3. Specimen Requirements (also include pre-transfusion sample, if available):

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| **Test** | **Sample Required** |
| Antibody Identification | 20-30 mL of clotted blood or EDTA whole blood |
| Fetal Bleed Quantitation | 5-7 mL of EDTA whole blood |
| Platelet Ab/s and Crossmatch | 10-20 mL of EDTA whole blood |
| RBCs Molecular Typing | 5-7 mL of EDTA whole blood  |
| HDN Evaluation | Mom: 10 mL of clotted blood or EDTA whole bloodBaby: 2-5 mL cord blood and/or venous blood |
| Other | Contact Reference Laboratory |

1. Blood sample labels should contain the following:
	1. Patient’s full name (Last, First, Middle Initial)
	2. Patient Identification Number
	3. Date of birth
	4. Date/time specimen drawn
	5. Initial of person drawing

Note: Specimen label MUST match the information on the Request Form; testing will not be performed on improperly labeled sample.1. Transporting samples:
	* All samples must be sent in a sealed, leak-proof container marked with a biohazard sticker to comply with OSHA safety standards.
	* Samples should be shipped in a container maintaining a temperature between 1 to 10°C.
2. Send the Request Form with the samples to LifeStream, ATTN: Reference Laboratory:

384 W. Orange Show RoadSan Bernardino, CA 92408Phone:(909) 386-6858Fax: (909) 386-6849 |