**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** |
| |  |  |  | | --- | --- | --- | | Clinical Diagnosis: | Medications: | | | RhIg given?  N/A  No  Yes, date administered: | Hgb/Hct: | Patient bleeding?  Yes  No | | **Transfusion History:**  Unknown   |  |  | | --- | --- | | 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:**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Currently pregnant? | N/A No | Yes, due date: | Number of Pregnancies:\_\_\_\_\_\_\_ | Gravida: | Para: |   **Previous antibodies detected:**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 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** |
| |  |  |  | | --- | --- | --- | | *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** |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **Number of units:** | |  | | --- | |  | | **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** |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | 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):  |  |  | | --- | --- | | **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 blood  Baby: 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 Road  San Bernardino, CA 92408  Phone:(909) 386-6858  Fax: (909) 386-6849 |