LifeStream
GIVE HOPE | GIVE LIFE | GIVE BLOOD

Blood Bank of San Bernardino and Riverside Counties DBA LifeStream
384 West Orange Show Road • San Bernardino, CA 92408
CLIA License Number: 05D0575143

REQUEST FOR REFERENCE LABORATORY STUDIES

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: _____

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 ☐ -c̄ ☐ -ē ☐ -K ☐ -Fy^{a} ☐ -Fy^{b} ☐ -Jk^{a} ☐ -Jk^{b} ☐ -S ☐ -s̄ ☐ WAA

Others (Please specify): _____

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

INVESTIGATION REQUEST

See back for sample requirements.

☐ Antibody Identification
☐ ABO Discrepancy Resolution
☐ DAT/Elution
☐ Compatibility testing of Red Cells
☐ Transfusion Reaction Investigation
☐ RBC Antibody Titration: Specify: _____
☐ RBC Phenotyping: Specify: _____
☐ Molecular typing: HEA panel
☐ Molecular typing: RH genotype
☐ Molecular typing: Specify: _____
☐ Cold Agglutinin Screen and Titer
☐ Thermal Amplitude Studies
☐ Platelet Antibody Screen
☐ Platelet Crossmatch
☐ HLA class I (A,B) Typing (Vitalant Lab)
☐ HLA class I antibody screen/ID, if positive (Vitalant Lab)
☐ Fetal Bleed Quantitation
☐ Others: _____

PRODUCT REQUEST

Number of units: ☐ **Special Requests:** ☐ HgS Negative ☐ CMV Negative ☐ Irradiated ☐ Others: _____

COMMENTS:

Specimen Pick-up Required: ☐ Yes ☐ No
(Submit form with specimen)

Called to: _____ Date: _____ Time: _____

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

FOR REFERENCE LAB USE ONLY

Received by: _____
Date/Time: _____

Sample acceptable? ☐ Yes ☐ No, specify reason: _____
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

4. Blood sample labels should contain the following:
    a. Patient's full name (Last, First, Middle Initial)
    b. Patient Identification Number
    c. Date of birth
    d. Date/time specimen drawn
    e. Initial of person drawing

    Note: Specimen label MUST match the information on the Request Form; testing will not be performed on improperly labeled sample.

5. 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.

6. 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