

REQUEST FOR REFERENCE LABORATORY STUDIES

Patient's Name: _____ **Patient's MRN #:** _____
Last Name First Name Middle Name
 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: _____
 Rhlg 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 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: _____

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: _____

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