

REQUEST FOR REFERENCE LABORATORY STUDIES

Patient's Name: _____ **Patient's ID #:** _____
Last Name First 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? No Yes, date administered: _____ Hgb/Hct: _____ Patient bleeding? Yes No
Transfusion History:
 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? No Yes, due date: _____ Number of Pregnancies: Gravidia: _____ 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.

<input type="checkbox"/> Antibody Identification	<input type="checkbox"/> Red Blood Cell Molecular Typing	<input type="checkbox"/> Platelet Antibody Screen
<input type="checkbox"/> ABO Discrepancy Resolution	<input type="checkbox"/> RBC Phenotyping : Specify: _____	<input type="checkbox"/> Platelet Crossmatch
<input type="checkbox"/> Rh(D) Discrepancy Resolution	<input type="checkbox"/> Red Blood Cell Antibody Titration	<input type="checkbox"/> HLA class I (A,B) Typing (Vitalant Lab)
<input type="checkbox"/> DAT/Elution	<input type="checkbox"/> Cold Agglutinin Screen and Titer	<input type="checkbox"/> HLA class I antibody screen/ID, if positive (Vitalant Lab)
<input type="checkbox"/> Compatibility testing of Red Cells	<input type="checkbox"/> Donath-Landsteiner (Vitalant Lab)	<input type="checkbox"/> Fetal Bleed Quantitation
<input type="checkbox"/> Transfusion Reaction Investigation	<input type="checkbox"/> Thermal Amplitude Studies	<input type="checkbox"/> Others: _____

PRODUCT REQUEST

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

COMMENTS:

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? <input type="checkbox"/> Yes <input type="checkbox"/> 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