



UBS _____

Refer To:

- Blood Systems Laboratories IRL
- Bonfils Blood Center IRL
- Carter BloodCare IRL

Reference Laboratory Request Form

Date Received: _____

Case Number: _____

Instructions:

1. Please contact UBS before sending samples. Contact information is at www.hospitals.unitedbloodservices.org
2. Fill out this request form as completely as possible.
3. **Sample Labeling.** Label all samples with: patient name, hospital ID number, date collected. Unlabeled specimens cannot be tested.
4. **Sample Requirements. Red cell/antibody ID testing: 10-20 mL clotted and 5-10 mL EDTA.**
5. **Platelet testing: 7 mL EDTA – must be received within 24 hrs. from collection.**
6. **No gel-separator tubes.**
7. Keep the blood center informed of patient status: i.e., when a non-emergency becomes an emergency or vice versa.
8. Contact local UBS center to request antigen negative units.

Submitting Facility: _____ Requesting Physician: _____
 Sample Collection Date/Time: _____ Date Submitted: _____

URGENCY OF REQUEST

- Routine, date needed: _____ ASAP STAT
- Transfusion not needed Other: _____
- Blood for surgery (date) _____

Patient Information

Name: _____ Hospital/Facility ID Number: _____
First Last

DOB: _____ Gender: M F Race: _____ Blood Type: _____

Diagnosis: _____

Medications: _____

Previous Transfusions? Y N Number in last 90 days: _____ Date of last transfusion: _____

Transfusion Reactions: Y N If yes, Febrile Hemolytic Post-transfusion bilirubin: _____

Number of Previous Pregnancies: _____ Weeks gestation, if applicable: _____ Known Previous Antibodies: _____

Clinical Status: Hgb _____ Hct _____ Platelet Count: _____ Patient Bleeding? Yes No

REASON FOR REQUEST – RED CELL / Antibody ID

- ABO Discrepancy Antibody ID Antibody Confirmation of _____
- Rh Discrepancy Incompatible Crossmatch Antibody Titer
- Transfusion Reaction # units compatible _____ Other
- Positive DAT/Autocontrol # units incompatible _____ Molecular genotyping
- Elution

REASON FOR REQUEST – PLATELET Testing

- Platelet antibody screen Platelet crossmatch
- Platelet DAT HPA-1A typing

Facility Contact Information: _____ UBS Contact Information: _____
 UBS of: _____ Sub-Center # _____

Submitting Facility _____

City/State _____

Phone _____

Fax _____

Turn around time from receipt: • Routine: 1-2 days • ASAP: 24 hours • STAT: 8 hours (STAT FEE may apply)

The blood center will advise you if your sample will be forwarded to one of our network IRLs.