



Refer To:

- Blood Systems Laboratories IRL
(602) 343-7133 • FAX (602) 343-7079
- Bonfils Blood Center IRL
(303) 340-1000 • FAX (303) 363-2279
- Carter BloodCare IRL
(817) 412-5740 • FAX (817) 412-5749

Reference Laboratory Request Form

UBS _____ Date Received: _____
 _____ Case Number: _____

Instructions:

- Please contact UBS before sending samples. Contact information is at www.hospitals.unitedbloodservices.org
- Fill out this request form as completely as possible.
- Sample Labeling.** Label all samples with: patient name, hospital ID number, date collected. Unlabeled specimens cannot be tested.
- Sample Requirements.** (No gel separator tubes)
 Red Cell/Antibody ID testing: 1 plain red top and 4 EDTA tubes.
 Platelet Testing: 7 mL EDTA tubes – must be received within 24 hours of collection. Do not refrigerate.
- Attach copies of any work performed.
- Keep the blood center informed of patient status: i.e., when a non-emergency becomes an emergency or vice versa.
- 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 Phenotyping:
 Elution Red Cell Platelet

REASON FOR REQUEST – PLATELET Testing

- Platelet antibody screen Platelet crossmatch Platelet DAT HPA-1a typing
 Platelet Refractory Panel Includes:
 1. Platelet Antibody Screen: Platelet Crossmatch if screen positive 2. HLA A,B (IR) Typing 3. HLA Matched Donor Search

Facility Contact Information: _____ UBS Contact Information: _____
 _____ UBS of: _____ Sub-Center # _____
 Submitting Facility _____
 City/State _____ City/State _____
 Phone _____ Phone _____
 Fax _____ 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.