



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:

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.** (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.
5. Attach copies of any work performed.
6. Keep the blood center informed of patient status: i.e., when a non-emergency becomes an emergency or vice versa.
7. 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: _____
 DOB: _____^{First} _____ 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: _____

Submitting Facility _____ UBS of: _____ Sub-Center # _____

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.



Legend	Field title	How the information you supply is used to focus IRL testing efforts
A	Requesting Physician	SIGNIFICANCE IN TESTING: The request <u>can not proceed</u> without a doctor's order.
		HOW TO COMPLETE: Enter physician first and last name.
B	Race	SIGNIFICANCE IN TESTING: The patient's race suggests which rare red cells to test when we suspect the presence of an antibody to a high incidence antigen.
		EXAMPLE: African American may indicate Js ^b , Hy, At ^a and others Caucasian may indicate Kp ^b , k, Yt ^a and others Hispanic may indicate Di ^b , Ge and others Asian may indicate Di ^b , Jr ^a and others
		HOW TO COMPLETE: Enter race (e.g. African American, Caucasian, Hispanic, Asian, Native American, Pacific Islander, etc.)
C	Diagnosis	SIGNIFICANCE IN TESTING: Knowing the patient's diagnosis can save time by eliminating repeat testing when the initial results are unusual.
		EXAMPLE: In performing antibody identification on a sample, the laboratory could not explain why the autoantibody could not be completely removed after four double volume adsorptions procedures. The IRL staff called the facility and learned that the patient diagnosis was Evans Syndrome and that the patient had been receiving IVIG.
		HOW TO COMPLETE: Indicate the major underlying diagnosis. Please, do not use "anemia" if diagnosis is known.
D	Medications	SIGNIFICANCE IN TESTING: Information about medications can help to focus the investigation whenever the results are unusual.
		EXAMPLE: WinRhoD TM in the medication list, together with a diagnosis of thrombocytopenia, ITP, can be a strong predictor of anti-D in a D+ patient.
		HOW TO COMPLETE: List all current and recent medications, especially IVIG and Rh immune globulin.

Continued on next page

Legend	Field title	How the information you supply is used to focus IRL testing efforts
E	Previous Transfusions?	SIGNIFICANCE IN TESTING: Information about previous transfusions determines the type of procedure that can or cannot be performed.
		EXAMPLE: Autologous vs. allogeneic (differential) adsorptions. Autologous adsorptions and routine phenotype cannot be performed if the patient has been transfused within the past 3 months.
		HOW TO COMPLETE: Indicate "Y" if the patient has ever received a prior blood transfusion. Of all prior transfusions, enter the number of transfusions received in the last 90 days. Indicate the date (MM/DD/YYYY) of the last transfusion.
F	Transfusion Reactions	SIGNIFICANCE IN TESTING: Transfusion reactions can help to focus the investigation whenever the results are unusual.
		EXAMPLE: The presence of Anti-E was detected by gel and PEG-tube methods. The hospital reported transfusing E- blood, but the patient still had a hemolytic transfusion reaction. The sample was tested again by extended incubation and enzyme methods, which then detected Anti-c. Transfusion with E- c- units resulted in no further transfusion reactions.
		HOW TO COMPLETE: Determine if patient has experienced transfusion reactions and classify the type of reaction. Enter post-transfusion bilirubin, if available.
G	Known Previous Antibodies	SIGNIFICANCE IN TESTING: When a previous antibody is known, the laboratory would not test for that known antibody and would focus instead on testing for other antibodies.
		EXAMPLE: Patient history indicates previous anti-Jka and E. Testing would proceed for other antibodies, and a transfusion recommendation would be made for the known and newly detected antibodies.
		HOW TO COMPLETE: List antibodies previously identified for that patient, e.g. anti-K, -E.
H	Platelet Refractory Panel Includes	SIGNIFICANCE IN TESTING: For the platelet refractory patient, a panel of tests can be ordered which includes Platelet Antibody Screen (crossmatch if positive), HLA A,B (IR) typing and an HLA matched donor search.
		EXAMPLE: For patients who do not demonstrate an appropriate increase in their platelet count after the transfusion of two platelet products, this panel may be indicated.
		HOW TO COMPLETE: Check the box to the left of the listing to initiate a platelet refractory panel.