**\***Patient’s Name/ID Birth Date

\*Date Collected \*Date Submitted \*Sex

\*Hospital/Facility

\*Physician Requesting Test(s)

Information on test methods, performance specifications and interpretation are available on request.

\*CLIA Required Information, CFR 493.1241

**Clinical History:** Diagnosis Race

Prior transfusions: 🞏Yes 🞏 No

Date of most recent red cell transfusion Number of Transfusions

Pregnancy: Is patient now pregnant? Gravida Para

Drug History: List or attach all medications patient is or has recently received:

  **Test Requested**: 🞏 ABO grouping 🞏 Investigate Positive Direct Antiglobulin Test

 🞏 Rh typing 🞏 Investigate Possible Transfusion Reaction

 🞏 Antibody Identification 🞏 Investigate Possible Hemolytic Disease of Newborn

 🞏 Super DAT 🞏 Antibody Titration

 🞏 Other (specify)

 Patient ABO Rh Direct Antiglobulin Test: Poly IgG C’

 Antibodies Identified:

 Antibody Reactivity: 🞏Tube Test: 🞏22C 🞏37C 🞏IAT 🞏Saline 🞏LISS 🞏PEG 🞏Enzymes

 🞏Gel 🞏Solid Phase Other

 Comments:

**Provide Units for Transfusion**:

ABO/Rh: Number of units Antigen negative for:

 Special Requirements: 🞏 CMV-negative 🞏Irradiated Other:

Date and time needed: Urgency: 🞏 Routine 🞏 STAT

Please write or attach additional information on back of this form.

* See page 2 for collection and volume requirements
* Specimens must be packaged to prevent leakage and may be shipped at room temperature or refrigerated.

Date: Personnel authorized to request tests/receive results:

|  |
| --- |
| **For CBC Use Only** |
| Billing Entered into El Dorado By: Date: |
| Results Reviewed by: Date: |
| Results Telephoned to Hospital To: Date: By: |

FAX: Telephone:

**Send to:**

**Community Blood Center**

**Immunohematology Reference Lab**

**4040 Main, Kansas City, MO 64111**

From:

**Ship**: 🞏 STAT 🞏 ASAP 🞏 Routine

**Test:** 🞏STAT 🞏 ASAP 🞏 Routine

|  |  |  |  |
| --- | --- | --- | --- |
| Test Requested  | Preferred Volume (Total) | Minimum EDTA Plasma Volume\* | Notes\*\* |
| ABO Grouping  | 14-20 mL | 6 mL |  |
| Rh Typing  | 14-20 mL | 6 mL |  |
| Antibody Identification  | 14-20 mL | 6 mL |  |
| Antibody Titration  | 14-20 mL | 10 mL |  |
| Cold Antibody Titration  | 10 mL clotted + 7 mL EDTA  | NA | Specimen tube maintained at 37°C until physically separated |
| Donath-Landsteiner |
| Thermal Amplitude Test |
| Isohemaglutinin Antibody Titration | 14-20 mL | 10 mL |  |
| Investigate Positive DAT  | 14-20 mL | 6 mL |  |
| Transfusion Reaction | 14–20 mL + donor segments | 6 mL |  |
| Phenotype | 7-14 mL | NA |  |
| Super DAT  | 7-14 mL | NA |  |
| HDFN | **Newborn**: 7-10mL cord blood OR 2-3mL whole blood**Maternal**: 14-20 mL**Paternal**: 14-20mL  | **Maternal and Paternal**: 6mL **Newborn**: 1mL | Cord blood is acceptable for newborns |
| Molecular  | 5 mL EDTA whole blood  | NA |  |
| ***\**** *Minimum refers to total plasma required from EDTA specimen.* *\*\* For children, sample requirements may be adjusted on a case-by-case basis after communication with laboratory management.* |