

New York Blood Center

Testing Request Form Platelet Antibody Screen / Cross-Matched Platelets

Platelet Antibody Screening and/or Cross Matched Platelet orders - Fax Form to (516) 478-5567

Contact: Westbury - QC/Reference Lab @ (516) 478-5160

Please send specimens with a copy of this form to:

Westbury – QC/Reference Laboratory, 1200 Prospect Avenue, Westbury, NY 11590

Label all specimens clearly - Last name, First name - DOB - Date drawn

1. Specimen Requirements – (2) tubes Whole Blood (**no gel**) or 4 mL serum/plasma.
Acceptable anti-coagulants are EDTA, ACD, CPD or CPDA-1. Samples should be transported with ICE or cold packs and **MUST** be less than 48 hours old when received for testing.
2. For specimen pick-up: **Contact Client Services Department at 855-552-5663 or 718-707-3771**

Hospital: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Person: _____

Blood Bank Phone # _____ Fax # _____

Patient Information: Name: _____

DOB: _____ **Male** **Female** **Blood Type:** ABO ___ Rh ___ **CMV Status:** Neg Pos unknown

Diagnosis: _____

Current Platelet Count: _____ **Date:** _____

Testing Requested: Platelet Antibody Screen Additional Sample for Future Testing

Product Requested: Cross Matched Platelets Non Type specific acceptable: Yes No

Do you need? - CMV Negative Platelets: Yes No Irradiated: Yes No

of units requested per transfusion: _____ **Date(s) of Transfusion:** _____

Product Delivery: STAT Routine

New York Blood Center

QC/Reference Lab

Specimen Received - Date/Time: _____ Received by: _____

Condition of Specimen: Acceptable: ___ Unacceptable: ___ Comments: _____