

Phone: 651-332-7125 Fax: 651-332-7008 CLIA #24D0663800

REQUEST FOR REFERENCE LABORATORY TESTING

Complete information **must** accompany each specimen. Improperly labeled specimens will **not** be processed.

Date						al/Lab					
Ordering Priority					City/S	ate					
Ordering Phy	sician				Phone	()	Fax	()		
TEST REQU	EST										
 □ ABO/Rh typing □ ABO/Rh typing and antibody screen □ Antibody Identification □ Antibody Titration □ Common Red Cell Antigen Genotype (please submit WBC and DAT results, if available) 			□ Elution □ Tran □ Hemolytic Disease of the Newborn Investigation □ Mono				nsfusion I A antigen nocyte Mo ndout)	Genotype fusion Reaction Investigation antigen and antibody (sendout) cyte Monolayer Assay, MMA out)			
UNIT REQUEST											
Blood Bank ur	nique ident	tifer:		Date and	ite and time needed by:			#	# of units requested:		
□ Leukocyte-reduced RBC □ Crossmatched □ Uncrossmatched □ Irradiated □ Crossmatched platelet □ Antigen negative units:											
PATIENT INF	FORMATIC	NC									
Patient's Name (Last, First, Middle)					Date of Birth			Sex			
Identifying # Date / Time Sample Collected											
Ethnicity Location											
Blood type		History of Previous ☐ No Red Cell Antibody? ☐ Yes, s			s, specificity(ies):						
Red cell pher	notype:	C E	С	e K	М	N	S s	Fy	(a b)	Jk (a	b)
Test method(s) at which patient's antibody reaction is present: ☐ Immedia ☐ GEL						SS IAT					
DAT			FMH scree	n							
WBC count					Hgb/Hct						
CLINICAL HISTORY											
Clinical diagn	nosis										
Medications											
Is this an onc	ology or m	nultiple myeloma	patient?	☐ Unkno	own 🛚 Yes	☐ No					
Has the patie	nt been tre	eated with mono	clonal antibo	dy therapy	in the last 6	months?	□ No □Y	es (If yes,	please chec	k one be	low)
□ Anti-CD38 □ Anti-CD47 □ Anti-CD20 □ Daratumumab □ Isatuximab □ MOR202						Date of Las	Date of Last Dose				
Transfusion ☐ Unknown ☐ No ☐ Yes, Date of most recent and quantity in past 3 months:											
Transplant ☐ Unknown ☐ No ☐ Yes, date of transplant:											
Pregnancy	Pregnancy No Yes, estimated date of delivery: Number of previous pregnancies:										
Has patient received Rh immune globulin in the past 6 months? ☐ No ☐ Yes, date received:											

IBR Form-0438.02 · 9/2018 Page 1 of 2

LABELING REQUIREMENTS

All samples referred for crossmatching and pretransfusion testing must meet the current Standards of the AABB regarding recipient blood samples. Sender will be notified if a sample is unacceptable; a new sample will be required.

- 1. Patient First and Last Name
- 2. Patient Identifying Number
- 3. Date and Time Sample Collected
- 4. Phlebotomist Identity (initials)
- 5. Blood Bank Unique Identifier **crossmatch**

SPECIMEN REQUIREMENTS

Specimens collected in gel-type separation tubes are unacceptable. Specimen may be rejected if quantity is projected to be insufficient for testing.

TEST	SAMPLE REQUIRED					
ABO and Rh Typing	5-10 mL EDTA whole blood or clotted blood					
Antibody Screen/Identification and Compatibility Testing	10-20 mL EDTA whole blood and 7 mL clotted blood; If patient has a positive direct antiglobulin test (DAT) include a 10-20 mL EDTA tube					
Direct Antiglobulin Test	5-10 mL EDTA whole blood					
Elution Study	10-20 mL EDTA whole blood					
Genotyping (Common Red Cell and RHD)	5 mL EDTA whole blood					
Hemolytic Disease of the Newborn Investigation	Mom: 10 mL clotted blood or EDTA whole blood; Baby: 2-5 mL EDTA cord blood					
HLA Antigen and Antibody	10 mL EDTA whole blood and 7 mL clotted blood					
Kleihauer-Betke test	5 mL EDTA whole blood					
Monocyte Monolayer Assay (MMA)	5 mL EDTA whole blood and two 7 mL clotted blood					
Platelet Compatibility/Crossmatch	10-20 mL clotted blood or EDTA whole blood; sample must be submitted within 48 hours of collection. Samples received and frozen within 48 hours are acceptable for 7 days					
Transfusion Reaction	10-20 mL clotted blood or whole blood EDTA and segments from implicated donor unit(s)					

DIRECTIONS FOR SAMPLE TRANSPORT

Ship samples at ambient temperatures unless temperatures are >82F or <32F.

If ambient temperature is >82F, ship samples with coolant.

If ambient temperature is <32F, ship samples in insulated container.

STAFFING HOURS

Memorial Blood Centers' Immunohematology Reference Laboratory (IRL) is staffed from 6:00 AM Monday to 10:00 PM Friday. During these hours, contact the lab at 651-332-7125. The IRL staff is on-call from 10:00 PM to 6:00 AM Monday through Friday, weekends and holidays. For after-hours requests, call Hospital Services at 651-332-7108 and ask for the Reference Lab On-Call Technologist.