DIAGNOSIS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ABO/Rh TYPE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\***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

TRANSFUSION HISTORY: Number of transfusions received: Platelets \_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_ Red Cells \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF MOST RECENT TRANSFUSION: Platelets \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Red Cells \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PREGNANCY: Is patient now pregnant? \_\_\_\_\_\_\_\_­\_\_\_\_\_\_ Gravida \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Para \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DRUG HISTORY: List or attach all medications patient is or has recently received: \_\_

□ 3980 **Platelet Antibody Screen**

Requires 7-10 mL ACD Whole Blood or 2 mL ACD plasma

□ 3980 **Platelet Antibody Screen using ELISA Assay – PakPlus**

Requires 7 mL ACD Whole Blood or 2 mL ACD plasma **AND** 7-10 mL clotted whole blood or 2 mL serum

□3982 **Platelet-Bound IgG**

 **Current Platelet Count \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Required)**

 Requires 7-10 mL ACD whole blood < 24 hours old, unrefrigerated.

 If platelet count is < 50,000, call for instructions. Test requires minimum platelet count of 10,000.

□3980 **Investigate Autoimmune Thrombocytopenia**

3982 **Current Platelet count \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Required)**

 Sample Requirements: See Platelet Antibody Screen and Platelet – Bound IgG

□3984 **Platelet Crossmatch**

Number of units requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Frequency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Special requirements: CMV Neg Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Are Non ABO type-specific platelets Acceptable? Yes: No:\_\_\_\_\_

□ 3983 Investigate Neonatal Immune Thrombocytopenia

Requires 14-20 mL **Maternal** ACD whole blood, < 24 hours, unrefrigerated **AND** 7-10 mL clotted whole blood or 2 mL serum if PakPlus testing needed

**Current Platelet Count \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Required)**

 Requires 7-10 mL **Paternal** ACD whole blood, < 24 hours, unrefrigerated.

 **Current Platelet Count \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Required)**

 **Samples from the infant are not required.**

□3990 **Investigate Posttransfusion Purpura**

 **Current Platelet Count \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Required)**

Requires 7-10 mL ACD whole blood < 24 hours, unrefrigerated **AND** 7-10 mL clotted whole blood or 2 mL serum if PakPlus testing needed. If platelet count is < 50,000, call for instructions.

□ **Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date: Personnel authorized to request tests/receive results: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FAX: Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**Send to:**

**Community Blood Center**

**Platelet Antibody Lab**

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

From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ship**: 🞏 STAT 🞏 ASAP 🞏 Routine

**Test:** 🞏STAT 🞏 ASAP 🞏 Routine

Please call IRL at 816-968-4053 prior to sending sample.