




## Reference Laboratory Request Form

NOTE: Incomplete forms may delay testing.

**Instructions:**

1. Contact Reference Laboratory before sending samples.
2. Fill out this request form completely. Attach copies of any work performed at your facility. **Incomplete forms may delay testing and require further communication. See Pages 3 and 4 for detailed instructions.**
3. Label all samples with: full patient name, second unique patient identifier number, date collected. Incorrectly or unlabeled specimens may be rejected and cannot be tested.
4. If sending unit segments for testing, label each segment with Donor Identification Number (DIN) and include list of DINs, segment numbers, and ABO/Rh.
5. Update the Reference Laboratory with any changes in the status of the request.
6. Contact your local blood center to request antigen negative units.

**Sample Preferences.** (No gel separator tubes.) For detailed list of tests and sample requirements visit <https://vitalanthealth.org/>.

Test Request	Sample Preferences
Red cell/Antibody ID/Serology testing	1 clot and 4 EDTA tubes (minimum volume 20-40 mL for EDTA)
Molecular testing	1-2 EDTA tubes (minimum volume 5-10 mL)
<ul style="list-style-type: none"> <li>▪ Cold Agglutinin Screen</li> <li>▪ Cold Agglutinin Titer</li> <li>▪ Donath – Landsteiner Test</li> <li>▪ Thermal Amplitude Test</li> </ul>	<p>Call Reference Laboratory prior to collecting or sending samples for any of these tests.</p> <p>Instructions for sample collection and requirements can be found at:  <a href="#">FOR-0009097.pdf (vitalanthealth.org)</a></p> <div style="display: flex; align-items: center; justify-content: center;">  <div style="margin-left: 20px;"> <p>Scan QR code into browser or use QR code reader.</p> </div> </div>

Approximate Turnaround Time for Preliminary Results:
Routine: Within 1-2 days ASAP: Within 24 hours STAT: Within 8 hours

Red cell (HEA) genotype, molecular; within 7 days

For hours of operation, contact your local laboratory.

**NOTES:**

- **All TATs are measured from the time the sample is received by the testing laboratory.**
- **Complex workups may require additional time to resolve. A preliminary report will be provided.**

The blood center will advise you if your sample will be forwarded to one of our network AABB Accredited IRLs.

- Vitalant – Phoenix IRL – 1524 W. 14<sup>th</sup> St., Suite 120, Tempe, AZ 85281; Phone (480) 933-7382/Fax (602) 343-7079
- Vitalant – Denver IRL – 717 Yosemite St., Denver, CO 80230; Phone (303) 340-1000/Fax (303) 363-2279
- Vitalant – Sacramento IRL – 10585 Armstrong Ave., Mather, CA 95655; Phone (916) 453-3642/Fax (916) 366-2524
- Vitalant – Pittsburgh IRL – 875 Greentree Road, 5 Parkway Center, Pittsburgh, PA 15220; Phone (412) 209-7470/Fax (412) 209-7482
- Vitalant – Chicago IRL – 5505 Pearl St., Rosemont, IL 60018; Phone (847) 260-2505/Fax (847) 260-2409

## Reference Laboratory Request Form

NOTE: Incomplete forms may delay testing.

### Form Instructions

Select your local Vitalant laboratory from the drop-down list.

**NOTE: The phone number listed beside each laboratory is the direct line to the reference laboratory.**

Field Title	How the information you supply is used to focus Vitalant testing efforts
Requesting Physician	SIGNIFICANCE IN TESTING: The request <u>cannot proceed</u> without a physician's order.
	HOW TO COMPLETE: Enter physician first and last name.
Ethnicity	SIGNIFICANCE IN TESTING: The patient's race/ethnicity may help guide the workup and selection of rare red cells to test when the presence of an antibody to a high prevalence antigen is suspected.
	EXAMPLE: <b>African American</b> may indicate anti-Js <sup>b</sup> , Hy, At <sup>a</sup> and others <b>Caucasian</b> may indicate anti-Kp <sup>b</sup> , k, Yt <sup>a</sup> and others <b>Hispanic</b> may indicate anti-Di <sup>b</sup> , Ge and others <b>Asian</b> may indicate anti-Di <sup>b</sup> , Jr <sup>a</sup> and others
	HOW TO COMPLETE: Enter race/ethnicity (e.g., African American, Caucasian, Hispanic/Mexican, Hispanic /Puerto Rican, Asian, Native American, Pacific Islander, etc.)
Encounter/Visit/ Admission#	SIGNIFICANCE IN TESTING: The encounter/visit/admission# is entered in our LIS and may aid in tracking patients with multiple workups.
	HOW TO COMPLETE: Enter the encounter, visit or admission number for the patient's hospital stay
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 <b>four</b> double volume adsorptions procedures. The Vitalant 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." Examples include Multiple Myeloma, AML, etc.
Medications	SIGNIFICANCE IN TESTING: Information about medications and pregnancy status can help to focus the investigation whenever the results are unusual.
	EXAMPLE: WinRhoD 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 Rh Immune Globulin, IVIG, and other monoclonal antibody therapies. Provide pregnancy information, if applicable.

*Continued on next page*

## Reference Laboratory Request Form

NOTE: Incomplete forms may delay testing.

Field title	How the information you supply is used to focus Vitalant testing efforts
Transfusion History	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.
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.
Previous Antibodies	SIGNIFICANCE IN TESTING: Information about previous antibodies may determine the type of testing that should be performed and may influence the transfusion recommendations.
	EXAMPLE: Patient history by Vitalant indicates previous anti-Jk <sup>a</sup> and anti-E. Testing would proceed for other antibodies, and a transfusion recommendation would be made for the known and newly detected antibodies.
	HOW TO COMPLETE: Select antibodies previously identified for that patient, e.g., anti-K, -E. Use <b>Other non-listed</b> to indicate other specificities not listed. Example anti-V.
Red Cell Testing Request	HOW TO COMPLETE: Check the box to the left of the testing required.
	COMPATIBILITY SCREEN: Crossmatch test performed by the reference lab for a non-Transfusion Service customer with a donor unit. A compatibility screen is not to be used as a crossmatch test of record. Fill in the number of units to be tested. Provide segments as needed. If sending unit segments for testing, label each segment with Donor Identification Number (DIN) and include list of DINs, segment numbers, and ABO/Rh.
	RED CELL (HEA) GENOTYPE, MOLECULAR: Molecular determination of allelic variants that determine common and rare red cell antigens: includes 35 different antigens in the following systems RH/FY/JK/KEL/MNS/LU/DO/SC/CO/DI/LW