



Reference Laboratory Request Form

Vitalant Center and Phone Number _____	For Reference Lab Only
	Case Number _____
	Date Received _____

Submitting Facility Information

Facility Name _____ Requesting Physician _____
 Address _____ City _____ State _____
 Account Number _____ Phone _____ Fax _____

Urgency of Request

Complete Clinical Status Information

Routine ASAP STAT Transfusion or Surgery Date _____

Patient Name Patient ID (MRN) _____
Last First MI

Birthdate _____ Ethnicity _____ Sex M F Unknown ABO/Rh _____

Sample Collection: Date _____ Time _____ Account/Admission # _____

Clinical Status

Diagnosis _____

Medications _____ Rhlg given? Y N Date _____

IVIG Anti-CD47 Anti-CD38 Other Monoclonal Antibody Therapies _____ Date(s)? _____

Hgb/Hct _____ Platelet Count _____ Patient Bleeding? Y N DAT Positive? Y N

Currently Pregnant? Y N Due Date _____ Number of Pregnancies: Gravida _____ /Para _____

Transfusion History

Within the last 3 months? Y N Dates and Products _____

Prior to last 3 months? Y N Dates _____

History of transfusion reactions? Y N Dates _____ Reaction Type _____

History of HPC transplant? Y N Dates _____ Patients Prior ABO/Rh _____ Donor ABO/Rh _____

Previous antibodies detected, check below. Other non-listed _____

Anti-	D	C	E	c	e	f	K	k	Fy ^a	Fy ^b	Jk ^a	Jk ^b	M	N	S	s	C ^w	WAA	CAA

Red Cell Testing Request: See page 2 for sample requirements and turnaround times.

<input type="checkbox"/> ABO discrepancy resolution	<input type="checkbox"/> D(Rh) discrepancy resolution	<input type="checkbox"/> Red Cell (HEA) genotype, molecular
<input type="checkbox"/> Antibody ID	<input type="checkbox"/> Compatibility Screen (# of units _____)	<input type="checkbox"/> (RHCE) Red cell genotyping
<input type="checkbox"/> Antibody titer	<input type="checkbox"/> Elution	<input type="checkbox"/> (RHD) Red cell genotyping
<input type="checkbox"/> Cold agglutinin screen & titer	<input type="checkbox"/> Transfusion reaction suspected?	<input type="checkbox"/> Thermal amplitude
<input type="checkbox"/> DAT	<input type="checkbox"/> Isohemagglutination titer	<input type="checkbox"/> Extended phenotype (serological)
<input type="checkbox"/> Transfusion reaction suspected?	<input type="checkbox"/> IgM <input type="checkbox"/> IgG <input type="checkbox"/> anti-A <input type="checkbox"/> anti-B	<input type="checkbox"/> Other _____



Reference Laboratory Request Form

Instructions:

1. Contact blood center before sending samples to arrange sample pick up and/or shipping. Contact information is at <https://vitalanthealth.org/>.
2. Fill out this request form as completely as possible. Attach copies of any work performed at your facility.
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 your local blood center and/or the IRL with any changes in the status of the request.
6. Contact your local blood center to request antigen negative units.

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

Test Request	Sample Requirements
Red cell/Antibody ID/Serology testing	1 clot and 4 EDTA tubes
Molecular testing (red cells)	1-2 EDTA tubes
<ul style="list-style-type: none">▪ Cold Agglutinin Screen, Titer▪ Donath – Landsteiner Test▪ Thermal Amplitude Test	Call for special collection instructions

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. 14th 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