

Reference Laboratory Request Form

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

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

Urgency of Request

Routine
 ASAP
 STAT

Complete Clinical Status Information

Transfusion or Surgery Date _____

Patient Name: Last First MI Patient ID (MRN) _____

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

From the drop-down list, select your local Vitalant laboratory.

NOTE: The phone number listed beside each laboratory is the direct line to the reference laboratory. For specimen pick up after hours, contact the 24-hour Hospital Services number.

Legend	Field title	How the information you supply is used to focus Vitalant testing efforts
A	Requesting Physician	SIGNIFICANCE IN TESTING: The request <u>can not proceed</u> without a physician's order.
		HOW TO COMPLETE: Enter physician first and last name.
B	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: African American may indicate anti-Js ^b , Hy, At ^a and others Caucasian may indicate anti-Kp ^b , k, Yt ^a and others Hispanic may indicate anti-Di ^b , Ge and others Asian may indicate anti-Dj ^b , Jr ^a and others
		HOW TO COMPLETE: Enter race/ethnicity (e.g., African American, Caucasian, Hispanic/Mexican, Hispanic /Puerto Rican, Asian, Native American, Pacific Islander, etc.)
C	Account/ Admission#	SIGNIFICANCE IN TESTING: The account/admission# is entered in our LIS and may aid in tracking patients with multiple workups.
		HOW TO COMPLETE: Enter the account number or admission number for the patient's hospital stay
D	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 four 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.
E	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.

Legend	Field title	How the information you supply is used to focus Vitalant testing efforts
F	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.
G	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.
H	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 ^a 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 Other non-listed to indicate other specificities not listed. Example anti-V.
I	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.
		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