**REQUEST FOR REFERENCE LABORATORY TESTING**

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

<table>
<thead>
<tr>
<th>Date</th>
<th>Hospital/Lab</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ordering Priority</td>
<td>City/State</td>
</tr>
<tr>
<td>Ordering Physician</td>
<td>Phone ( )</td>
</tr>
<tr>
<td></td>
<td>Fax ( )</td>
</tr>
</tbody>
</table>

**TEST REQUEST**

- 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)
- Direct Antiglobulin Test
- Elution
- Hemolytic Disease of the Newborn Investigation
- Kleihauer-Betke Test
- Platelet Compatibility
- RHD Genotype
- Transfusion Reaction Investigation
- HLA antigen and antibody (sendout)
- Monocyte Monolayer Assay, MMA (sendout)
- Other __________________

**UNIT REQUEST**

Blood Bank unique identifier: Date and time needed by: # of units requested:

- Leukocyte-reduced RBC
  - Crossmatched
  - Uncrossmatched
  - Irradiated
  - Crossmatched platelet
- HLA matched platelet
- Antigen negative units: ________________

**PATIENT INFORMATION**

Patient’s Name *(Last, First, Middle)*

<table>
<thead>
<tr>
<th>Identifying #</th>
<th>Date / Time Sample Collected</th>
<th>Inpatient</th>
<th>Outpatient</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood type</td>
<td>History of Previous Red Cell Antibody?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>Yes, specificity(ies):</td>
<td></td>
</tr>
<tr>
<td></td>
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</tr>
</tbody>
</table>

### Red cell phenotype:

- C
- E
- c
- e
- K
- M
- N
- S
- s
- Fy (a b)
- Jk (a b)

**Test method(s) at which patient’s antibody reaction is present:**

- Immediate Spin
- GEL
- LISS 37
- Solid Phase
- LISS IAT
- PEG IAT
- Auto Control Positive
- Other

**DAT**

<table>
<thead>
<tr>
<th>FMH screen</th>
<th>Hgb/Hct</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

**WBC count**

**CLINICAL HISTORY**

Clinical diagnosis

<table>
<thead>
<tr>
<th>Medications</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Is this an oncology or multiple myeloma patient?**

- Unknown
- Yes
- No

Has the patient been treated with monoclonal antibody therapy in the last 6 months?

- No
- Yes (If yes, please check one below)

- Anti-CD38
- Anti-CD47
- Anti-CD20
- CTLA
- Daratumumab
- Isatuximab
- MOR202
- Rituximab

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**

- 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:
REQUEST FOR REFERENCE LABORATORY TESTING

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.

<table>
<thead>
<tr>
<th>TEST</th>
<th>SAMPLE REQUIRED</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABO and Rh Typing</td>
<td>5-10 mL EDTA whole blood or clotted blood</td>
</tr>
<tr>
<td>Antibody Screen/Identification and Compatibility Testing</td>
<td>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</td>
</tr>
<tr>
<td>Direct Antiglobulin Test</td>
<td>5-10 mL EDTA whole blood</td>
</tr>
<tr>
<td>Elution Study</td>
<td>10-20 mL EDTA whole blood</td>
</tr>
<tr>
<td>Genotyping (Common Red Cell and RHD)</td>
<td>5 mL EDTA whole blood</td>
</tr>
<tr>
<td>Hemolytic Disease of the Newborn Investigation</td>
<td>Mom: 10 mL clotted blood or EDTA whole blood; Baby: 2-5 mL EDTA cord blood</td>
</tr>
<tr>
<td>HLA Antigen and Antibody</td>
<td>10 mL EDTA whole blood and 7 mL clotted blood</td>
</tr>
<tr>
<td>Kleihauer-Betke test</td>
<td>5 mL EDTA whole blood</td>
</tr>
<tr>
<td>Monocyte Monolayer Assay (MMA)</td>
<td>5 mL EDTA whole blood and two 7 mL clotted blood</td>
</tr>
<tr>
<td>Platelet Compatibility/Crossmatch</td>
<td>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</td>
</tr>
<tr>
<td>Transfusion Reaction</td>
<td>10-20 mL clotted blood or whole blood EDTA and segments from implicated donor unit(s)</td>
</tr>
</tbody>
</table>

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.