



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

Routine ASAP STAT Transfusion or Surgery Date _____

Patient Name Last First MI Patient ID (MRN) _____
 Birthdate _____ Ethnicity _____ Gender M F ABO/Rh _____
 Sample Collection: Date _____ Time _____

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.

ABO discrepancy resolution D(Rh) discrepancy resolution Red Cell (HEA) genotype, molecular
 Antibody ID Elution (RHCE) Red cell genotyping
 Antibody titer Transfusion reaction suspected? (RHD) Red cell genotyping
 Cold agglutinin screen & titer Isohemagglutination titer Thermal amplitude
 DAT IgM IgG anti-A anti-B Extended phenotype (serological)
 Transfusion reaction suspected? Other _____

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Instructions:

1. Please contact blood center before sending samples to arrange sample pick up and/or shipping. Contact information is at <http://hospitals.vitalant.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 <http://laboratories.vitalant.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 (unspun and unopened)
<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 – 501 Martindale St., Pittsburgh, PA 15212. 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