



Center Information:

## Platelet Refractory Patient Transfusion Request

**Client to Complete**

Hospital: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Acct #: \_\_\_\_\_

Request Date: \_\_\_\_\_ Time: \_\_\_\_\_ Requested by (Name of Hospital Staff): \_\_\_\_\_

Patient Last Name	First Name	Birth Date	Medical Record Number	ABO/Rh	Gender

Clinical Status: Diagnosis: \_\_\_\_\_ Current Platelet Count: \_\_\_\_\_ x 10<sup>3</sup>/uL

**Most Recent Platelet Transfusion History:** Active Bleeding:  No  Yes

Date	Platelet Product(s) Given	1-Hour Post-Transfusion Platelet Count 10 <sup>3</sup> u/L

Are any of the following factors believed to contribute to the platelet refractoriness? (check all that apply):

Fever  Infection  Antifungal Therapy  Splenomegaly  DIC  Other: \_\_\_\_\_

Request is:  STAT  Routine

**NOTE: If testing has been performed by another lab, please send results with this request.**

Check here if you wish to consult with a Vitalant Field Medical Director.

<u>Testing and Product Request Options</u>	<u>Sample Requirements</u>
<b>NOTE: Local options vary; consult your center for more information</b>	<b>NOTE: Gel separator tubes are NOT acceptable</b>
<b>Testing Requests</b>	
<input type="checkbox"/> <b>Platelet antibody screen (immune adherence assay):</b> Detects – but does not distinguish between – HLA* Class I and HPA* antibodies	10 mL EDTA tube(s)
<input type="checkbox"/> <b>Platelet antibody screen (ELISA):</b> Detects – and distinguishes between – HLA Class I and HPA antibodies	10 mL red top clot tube(s)
<input type="checkbox"/> <b>HLA Class I antibody screen:</b> Flow cytometry assay	10 mL red top clot tube(s)
<input type="checkbox"/> <b>HLA Class I antibody identification:</b> Flow cytometry assay <input type="checkbox"/> Reflex HLA Class I antibody identification assay when antibody screening is positive.	10 mL red top clot tube(s)
<input type="checkbox"/> <b>HLA-A/HLA-B low-resolution genotype</b>	20 mL EDTA or ACDA tubes – Unspun/unopened
<input type="checkbox"/> <b>Human platelet antigen genotype</b>	10 mL EDTA tube(s) – Unspun/unopened
<b>Product Requests</b>	
<input type="checkbox"/> <b>Platelet crossmatch (immune adherence assay):</b> Detects product incompatibilities caused by patient HLA Class I and/or HPA antibodies <i>(No. of units needed: _____)</i>	10 mL EDTA tube(s)
<input type="checkbox"/> <b>SEARCH for HLA-compatible donors/products</b> <i>(No. of units needed: _____)</i>	No sample needed if testing was done previously
<b>Product Requirements: ABO/Rh:</b> _____ <b>CMV-Seronegative:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Irradiated:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>PRT* Product Acceptable?:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Other Needs:</b> _____ <b>Need by Date:</b> _____	
<i>*Key: HLA = Human leukocyte antigen; HPA = Human platelet antigen; PRT = Pathogen reduction treatment</i> <b>**The term "HLA-compatible" refers to donors/products selected based upon: (1) the matching of HLA-A and -B antigens between the donor and the recipient, and/or (2) the avoidance of HLA-A and -B antigens against which the recipient antibody specificities react.</b>	



**Instructions**

- Please contact the local Vitalant blood center to arrange sample pick up and/or shipping. Contact information can be found at: [www.vitalant.org](http://www.vitalant.org)
- Fill out this request form as completely as possible. Attach copies of any related work previously performed at your facility or at other special testing labs.
- Label all samples with:
  - Full patient name,
  - Second unique patient identifier number, and
  - Date collected.
- Incorrectly or unlabeled specimens may be rejected.
- Please update Vitalant with any changes to the status of this request.

**Important Information**

- For patients who require ongoing platelet transfusion support and who have a history of defined HLA antibody specificities, a repeat antibody identification is recommended at least every 1-to-2 months.
- The use of platelet crossmatch should be reserved for patients:
  - Who require special platelet products more urgently than can be achieved through “HLA-centric” means (often while waiting for the HLA-related testing and donor/product search to be completed), and/or
  - Whose etiology for refractoriness is suspected to be due to HPA incompatibilities.
- Communicate with the on-duty Vitalant Medical Director (reachable through Hospital Services department) for assistance ordering testing, interpreting the results, and/or deciding what type(s) of special platelet products to order. The Medical Director may also help identify additional means by which to support refractory patients’ platelet transfusion-related needs.

**Vitalant to Complete**

DIN/	Component Codes	Date/Time/EC	Unit Status				
			ABO/Rh	CMV Status	Center	WIP	Verified Date/EC