KootenaiHealth

Reference Laboratory Request Form

NOTE: Incomplete forms may delay testing

Kootenai Health Blood Bank
Phone Number: 208-625-5820
2003 Kootenai Health Way
Coeur d'Alene, ID 83814

For Reference Lab Only
Specimen ID/Order No. _____
Date/Time Received: _____

Submitting Facility Information

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

Urgency of Request
☐Routine ☐ASAP ☐STAT

Complete Clinical Status Information and Transfusion History
Transfusion or Surgery Date _____

Patient Name _____ Patient ID (MRN) _____

Birthdate _____ Ethnicity _____ Sex ☐M ☐F ☐Unknown

ABO/Rh _____

Sample Collection: Date _____ Time _____ Encounter/Visit/Admission # _____

Clinical Status
Diagnosis _____

Medication _____
Provide list if available

☐IVIG ☐Anti-CD47 ☐Anti-CD38

DAT Positive? ☐Y ☐N

Pregnancy History
Number of Pregnancies: Gravida ___/Para___

Due Date _____

RhIg Given? ☐Y ☐N

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 _____ Patient's Prior ABO/Rh _____
Donor's 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*

*WAA = Warm Autoantibody CAA = Cold Autoantibody

Red Cell Testing Request

☐ ABO discrepancy
☐ Anti-A_1
☐ Extended phenotype (serological)
☐ Antibody Titer
☐ DAT
☐ Elution
☐ dTT Red Cell Treatment (Daracellex)
☐ ABID
☐ Suspected Transfusion Reaction
☐Class I
☐Class II
☐Class III

Instructions:

1. Contact Reference Laboratory before sending samples.
2. Fill out this request form completely. Attach copies of any work performed at your facility. Incomplete forms may delay testing and require further communication. See Pages 3 and 4 for detailed instructions.
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. Update the Reference Laboratory with any changes in the status of the request.
5. Contact your local blood center to request antigen negative units.

Sample Preferences:

Test Request	Sample Preferences
ABO Discrepancy D (Rh) Discrepancy Resolution DAT Extended Phenotype	1 6ml EDTA tube
Antibody ID Antibody Titer Elution dTT Red Cell Treatment	3 6ml EDTA tubes

Turnaround Time:

Approximate Turnaround Time for Preliminary Results
Routine: Within 1-2 days ASAP: Within 24 hours STAT: Within 8 hours

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

Form Instructions

Field Title	How the information you supply is used to focus testing efforts
Requesting Physician	*Significance in testing*: The request cannot proceed without a physician's order
	How to complete: Enter the physician's first and last name
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-Di^{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.)
Encounter/Visit/Admission#	*Significance in testing:* The encounter/visit/admission# is entered in our LIS and may aid in tracking patients with multiple workups
	How to complete: Enter the encounter, visit, or admission number for the patient's hospital stay
Diagnosis	*Significance in testing:* Knowing the patient's diagnosis can save time by eliminating repeat testing when the initial results are unusual
	Example: Patients with Multiple Myeloma may be receiving Daratumumab/Dazalex (DARA), which binds to antigen CD38. This antigen is present in, in smaller quantities, on the surface of red blood cells including blood bank reagent red cells. This causes results for antibody screens and antibody IDs to be panreactive and requires Dithiothreitol (DTT) treatment to determine if the patient has any underlying allo-antibodies. Knowing the patient's diagnosis along with their treatment saves the blood bank tech time and resources during testing
	How to complete: Indicate the major underlying diagnosis. Please, do not use "anemia." Examples include Multiple Myeloma, AML, etc.
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+
	How to complete: List all current and recent medications, especially Rh Immune Globulin, IVIG, and other monoclonal antibody therapies. Provide pregnancy information, if applicable
Transfusion History	*Significance in testing:* Information about previous transfusions determine the type of procedure that can or cannot be performed
	Example: Autologous vs allogeneic (differential) absorptions. 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

Continued on next page

Field Title	How the information you supply is used to focus testing efforts
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.
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 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 specifies not listed. Example anti-V