



Reference Laboratory

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REQUEST FOR IMMUNOHEMATOLOGY STUDIES
(Please give complete information)

Patient Last First MI Hospital or Lab Name Address
DOB Race Sex Referring Physician
Identification No. Date Specimen Drawn
Clinical Diagnosis Hgb/Hct Date Specimen Submitted

CHECK REASON FOR SUBMITTING SPECIMEN Please notify the Reference Lab that a specimen is being shipped.

- Antibody Identification
Positive Direct Coombs
Difficulty in Obtaining Compatible Blood
Extended Phenotype
Difficulty in Typing
Hemolytic Disease of the Newborn
Titer for anti-
Other:

Are Red Cells needed if a clinically significant antibody (ies) is identified? Yes No

Date/Time needed (Contact Hospital Services to Place an Order)

Platelet Crossmatch:

Date/Time needed (Contact Hospital Services to Place an Order)

PATIENT HISTORY

Yes No
History of previous transfusions.
Transfused in last 3 months.
History of transfusion reactions. Check type: Allergic Febrile Hemolytic
History of pregnancy: para gravida
History of fetal/neonatal morbidity: number
Tested previously by us: date Vitalant referral #
History of previous red cell antibody(ies) please list:

HOSPITAL/LABORATORY FINDINGS

ABO/Rh type Direct Coombs Other cell typings
Antibody in serum reacts best at
Other pertinent information:
Request submitted by (name and title):

See Reverse for Specimen Criteria and Handling Instructions

SPECIMEN COLLECTION AND HANDLING INSTRUCTIONS
FOR IMMUNOHEMATOLOGY STUDIES

GENERAL INSTRUCTIONS

1. Please call before sending sample if the need for blood is urgent.
2. Send copies of any antibody study worksheets.
3. Label tubes clearly with patient's:
 - a. Full name
 - b. Identification number
 - c. Collection date
4. Do not use tubes with serum separators.
5. Transport at ambient temperature.
(If transport will require more than one day and temperatures are extreme, i.e., >85°F, <32°F, send with coolant or insulated container respectively.)

SPECIMEN REQUIREMENTS

1. For routine submission, send 10-20cc anticoagulated blood (EDTA) (optional: and 7-10cc clotted blood; no serum separator tubes, please).
2. For investigation of positive direct antiglobulin test, send 20-30cc EDTA samples (optional: and 7-10 cc clotted blood; no serum separator tubes, please).
3. For suspected transfusion reaction, submit pre and post transfusion specimens and samples from implicated units.
4. For hemolytic disease of the newborn, send baby's cord blood, mother's blood and father's blood if available.
5. For platelet crossmatch, send 10-20cc anticoagulated blood (EDTA) (optional: 10-20cc clotted blood; no serum separator tubes, please).

UNIVERSAL PRECAUTIONS

Please transport referral specimens mindful of Universal Precautions.

1. Specimens must be in a leak-proof primary container (e.g. stoppered tube) inside a leak-proof secondary container.
2. Accompanying requisitions should be attached to outside of the secondary container in manner not to present risk to receiver, e.g., no staples which would present sharps risk.
3. A biohazard sticker must be placed on outside of secondary container.