HPM.1.4	<b>Request Special Testing Laboratory</b>	Service	es
Procedure Area: F	Hospital Patient Management (HPM)	Version:	1.0

### **Purpose**

To request Special Testing Laboratory services.

### Scope

Customers

### **Materials**

- ✓ Appropriate shipping materials:
  - Cold packs/wet ice
  - Dry ice
- ✓ Appropriately labeled sample(s), if required
- ✓ Computer workstation
- Cryoprecipitated components, if required

- ✓ Appropriate testing request form:
  - Request for Flow Cytometry Testing
  - <u>Request for Special Testing Laboratory</u> <u>Services</u>
  - <u>Sample Submission for Cryoprecipitated</u>
     <u>Components External Customers</u>

## Sample Requirements

- **Flow cytometry testing:** At least 500 μL of sample in a non-additive or EDTA sample tube labeled with a unique code (specimen ID/DIN). Clinical pre-collection samples require two unique patient identifiers.
- Patient DNA or HLA/HPA antibody testing:
  - One appropriately labeled EDTA sample tube collected within the last 10 days.
  - For DNA testing, patient must have a WBC of 1.0 x  $10^3/\mu$ L or greater; if low WBC (1 to 3 x $10^3/\mu$ L), provide an additional 10 to 15 mL of blood collected in three appropriately labeled EDTA purple-top tubes.
- **Product QC testing:** Cryoprecipitated components.

#### **Procedure Notes**

 Refer to the Special Testing Laboratory Available Testing reference document for a list of available testing for the Special Testing Laboratory.

### **Procedure Steps**

Perform the following subprocedure as appropriate:

- Request flow cytometry testing according to <u>1.4.1, Request Flow Cytometry Testing</u>.
- Request patient DNA or HLA/HPA antibody testing according to <u>1.4.2</u>, <u>Request Patient DNA or HLA/HPA Antibody Testing</u>.
- Request product QC testing according to 1.4.3, Request Product QC Testing.

## 1.4.1, Request Flow Cytometry Testing

- 1. Complete the *Request for Flow Cytometry Testing* as appropriate. Note the following:
  - $\bullet~$  Provide at least 500  $\mu L$  of sample for each request labeled with a unique code (specimen ID/DIN). Clinical pre-collection samples require two unique patient identifiers.
  - Indicate whether the results are needed STAT (within 2 hours of receipt).

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2. Ship sample(s) as appropriate.

If this	Then this
Fresh	Ship on cold packs/wet ice at 2 to 8°C.
Frozen	Ship on dry ice.

3. Email the completed *Request for Flow Cytometry Testing* along with the shipping tracking number or expected time of sample drop off (if local) to <a href="mailto:qc@lifesouth.org">qc@lifesouth.org</a>.

### 1.4.2, Request Patient DNA or HLA/HPA Antibody Testing

- Collect appropriate blood sample tube(s) (refer to the <u>Sample Requirements</u> section), ensuring the blood sample label includes the following information:
  - Two unique patient identifiers
  - Date and time of collection
  - Identity of phlebotomist



- If the date and time of collection and/or the identity of the phlebotomist are not included on the blood sample labels, a mechanism must exist to verify this information.
- Complete the Request for Special Testing Laboratory Services as appropriate. If requesting ABO or Rh genotyping, include a copy of serology results and reason for requesting testing.
- 3. Ship the sample(s) with cold packs/wet ice at 2 to 8°C.
- 4. Email the completed *Request for Special Testing Laboratory Services* along with the shipping tracking number or expected time of sample drop off (if local) to <a href="mailto:qc@lifesouth.org">qc@lifesouth.org</a>.

## 1.4.3, Request Product QC Testing

- 1. Complete one *Sample Submission for Cryoprecipitated Components External Customers* form for each set of results requested. Single components may be pooled with up to three other singles and tested together or tested individually; note the following:
  - If individual testing is preferred, complete one form per DIN.
  - If pooling is preferred, complete one form for up to four DINs.
- 2. Ship components on dry ice.
- 3. Email the completed *Sample Submission for Cryoprecipitated Components External Customers* along with the shipping tracking number or expected time of sample drop off (if local) to <a href="mailto:gc@lifesouth.org">gc@lifesouth.org</a>.

#### **Related Documents**

Special Testing Laboratory Available Testing reference document

### **Additional Information**

If you have any questions, contact the laboratory at (352) 224-1787 or qc@lifesouth.org.

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## **Version History**

#	Significant Changes	Approved by	Approved	Implemented
1.0	New procedure.	Dr. Juan Merayo- Rodriguez, Medical Director	30 Dec 2024	28 Jan 2025
		Dr. Matthew Montgomery, Medical Director		
		Dr. Chris Lough, VP of Medical Services		
		Lori Masingil, VP of Quality		