LIFESOUTH Community Blood Centers

Request for Special Testing Laboratory Services

Sample Requirements: 3 mL of blood collected in one appropriately labeled EDTA purple-top tube. For DNA testing, WBC must be ≥ 1.0 x 10^3/µL; if low WBC (1 to 3 x10^3/µL), provide an additional 10 to 15 mL of blood collected in three appropriately labeled EDTA purple-top tubes.

Referral Information

Contact Name:	Email:
Hospital/Facility:	City/State:
Date/Time Requested:	Date/Time Needed:

Urgency: ☐**STAT** ☐**ROUTINE**

Patient Information/History (Complete section or apply addressograph. Include all available information.)

Patient Name: _____ (Last) _____ (First) _____ (Middle Initial)

Sex: ☐M ☐F	Physician:
DOB:	Diagnosis:
Patient ID or MR#:	Medications (attach additional documentation if necessary):
Race:	☐Daratumumab ☐Other:

Lab Values

ABO/Rh (if known):	Current WBC: x10^3/µL	Current platelet count: x10^3/µL
Phlebotomist(s) Printed Name or ID:		
Collection Date(s)/Time(s):		

Transfusion History

Has patient ever been transfused? ☐No ☐Yes; within last 3 months? ☐No ☐Yes			
Products previously transfused (check all that apply):	☐RBC; date:	☐Platelets; date:	☐Plasma; date:
Known RBC/platelet antibodies? ☐No ☐Yes; specify:			
History of transplant? ☐Solid Organ ☐Stem Cell/ Bone Marrow ☐No			

Pregnancy History ☐N/A

Number of previous pregnancies:	Currently pregnant? ☐No ☐Yes	Received Rhlg? ☐No ☐Yes; date:

Reason for Submission ***(Attach copy of hospital blood bank workup.)***

☐ Platelet Refractory Workup	☐ Red Cell Genotyping-Patient Common Panel	☐ Other:
☐ HLA Class I Typing	☐ ABO Genotyping*	
☐ HLA antibody screen and ID if positive	☐ Rh Genotyping*	
☐ Platelet Antibody Assay	☐ Hemoglobinopathy Testing (Capillary Electrophoresis)	

Serology Results** ***(If requesting ABO or Rh genotyping, include copy of results and reason for requesting testing.)

For Special Testing Laboratory Use Only

Accession Number:	Comments:
Date/Time sample received in lab:	

Send the completed form along with shipping tracking/expected time of sample drop off (if local) to qc@lifesouth.org.