



REQUEST FOR REFERENCE LABORATORY TESTING

Complete information must accompany each specimen. Improperly labeled specimens will not be processed.

Form with sections: Date, Hospital/Lab, Ordering Priority, City/State, Ordering Physician, Phone, Fax, TEST REQUEST (ABO/Rh typing, Direct Antiglobulin Test, RHD Genotype, etc.), UNIT REQUEST (Blood Bank unique identifier, Date and time needed by, # of units requested, Leukocyte-reduced RBC, etc.), PATIENT INFORMATION (Patient's Name, Date of Birth, Sex, Identifying #, Date / Time Sample Collected, Ethnicity, Location, Blood type, History of Previous Red Cell Antibody, etc.), Red cell phenotype, Test method(s), DAT, FMH screen, WBC count, Hgb/Hct, CLINICAL HISTORY (Clinical diagnosis, Medications, Is this an oncology or multiple myeloma patient?, Has the patient been treated with monoclonal antibody therapy in the last 6 months?, Transfusion, Transplant, Pregnancy, Has patient received Rh immune globulin in the past 6 months?).

**LABELING REQUIREMENTS**

All samples referred for crossmatching and pretransfusion testing must meet the current Standards of the AABB regarding recipient blood samples. Sender will be notified if a sample is unacceptable; a new sample will be required.

1. Patient First and Last Name
2. Patient Identifying Number
3. Date and Time Sample Collected
4. Phlebotomist Identity (initials)
5. Blood Bank Unique Identifier **\*\*crossmatch\*\***

**SPECIMEN REQUIREMENTS**

Specimens collected in gel-type separation tubes are unacceptable.  
 Specimen may be rejected if quantity is projected to be insufficient for testing.

TEST	SAMPLE REQUIRED
ABO and Rh Typing	5-10 mL EDTA whole blood or clotted blood
Antibody Screen/Identification and Compatibility Testing	10-20 mL EDTA whole blood and 7 mL clotted blood; If patient has a positive direct antiglobulin test (DAT) include a 10-20 mL EDTA tube
Direct Antiglobulin Test	5-10 mL EDTA whole blood
Elution Study	10-20 mL EDTA whole blood
Genotyping (Common Red Cell and RHD)	5 mL EDTA whole blood
Hemolytic Disease of the Newborn Investigation	Mom: 10 mL clotted blood or EDTA whole blood; Baby: 2-5 mL EDTA cord blood
HLA Antigen and Antibody	10 mL EDTA whole blood and 7 mL clotted blood
Kleihauer-Betke test	5 mL EDTA whole blood
Monocyte Monolayer Assay (MMA)	5 mL EDTA whole blood and two 7 mL clotted blood
Platelet Compatibility/Crossmatch	10-20 mL clotted blood or EDTA whole blood; sample must be submitted within 48 hours of collection. Samples received and frozen within 48 hours are acceptable for 7 days
Transfusion Reaction	10-20 mL clotted blood or whole blood EDTA and segments from implicated donor unit(s)

**DIRECTIONS FOR SAMPLE TRANSPORT**

Ship samples at ambient temperatures unless temperatures are >82F or <32F.  
 If ambient temperature is >82F, ship samples with coolant.  
 If ambient temperature is <32F, ship samples in insulated container.

**STAFFING HOURS**

Memorial Blood Centers' Immunohematology Reference Laboratory (IRL) is staffed from 6:00 AM Monday to 10:00 PM Friday. During these hours, contact the lab at 651-332-7125. The IRL staff is on-call from 10:00 PM to 6:00 AM Monday through Friday, weekends and holidays. For after-hours requests, call Hospital Services at 651-332-7108 and ask for the Reference Lab On-Call Technologist.