

RED CELL REFERENCE LABORATORY REQUEST FORM

REASON FOR ISSUE: Added tick boxes for cold agglutinin sample separation method (DCR44438)
Removed reference to sample receipt acknowledgement.

Reference Laboratory Sample no.
Reference Laboratory Use only

Sample / Request Details			
Facility:	Ward:	Sex:	DOB:
Surname:		NHI:	
Given names:		Consultant:	
Sample collection date & time: / / 20____ @		Diagnosis:	
<input type="checkbox"/> Routine	<input type="checkbox"/> Urgent must be confirmed by phone (09 523 5730)	Referring lab's sample no.	
Laboratory referring sample:			
Sent by:		Date: / / 20____	
Please send report(s) to	<input type="checkbox"/> Referring Lab/BB above	<input type="checkbox"/> Extra reports to (include address)	
	<input type="checkbox"/> GP or midwife / LMC		
Reason for referral		Minimum sample requirements	
<input type="checkbox"/> ABO investigation <input type="checkbox"/> Rh (D) investigation <input type="checkbox"/> Antibody identification / confirmation <input type="checkbox"/> Anti-G investigation <input type="checkbox"/> Auto / allo adsorption <input type="checkbox"/> Cold agglutinin investigation (separated at 37°C) <ul style="list-style-type: none"> • <input type="checkbox"/> Sample warm separated • <input type="checkbox"/> Sample re-warmed and separated • Date: Time: <input type="checkbox"/> Antibody Titration (antenatal) <input type="checkbox"/> Antibody Titration (ABO) <input type="checkbox"/> Phenotype <input type="checkbox"/> Genotype <input type="checkbox"/> Drug induced haemolytic anaemia investigation <input type="checkbox"/> Monocyte Monolayer Assay <input type="checkbox"/> Other (specify) _____		6 mL anticoagulated blood 6 mL anticoagulated blood 6 mL anticoagulated blood 6 mL anticoagulated blood 2 x 6 mL anticoagulated blood (+/- segments) 6 mL anticoagulated blood/6ml serum sample 6 mL anticoagulated blood 6 mL anticoagulated blood 6 mL anticoagulated blood 6 mL anticoagulated blood (whole blood required) 6 mL anticoagulated blood + all relevant drugs 2x 10mL clotted serum sample (contact laboratory) Contact laboratory for details	
<input type="checkbox"/> Crossmatch and supply units units, required on: / / 20____ hrs		
<input type="checkbox"/> Crossmatch units from segments supplied by referring BB <ul style="list-style-type: none"> • attach copy of any relevant phenotyping results • ensure segment number is entered into eTraceline before referral 	Donation number	Segment number	
Relevant clinical, transfusion and serological findings			
<input type="checkbox"/> EDD if known <input type="checkbox"/> Monoclonal antibody therapy <input type="checkbox"/> Attach copy of relevant local results <input type="checkbox"/> Attach copy of original request form			
Comments			