BLOOD BANK REQUEST FORM
NOTE: IMPROPERLY LABELED SAMPLES WILL NOT BE TESTED.

Instructions for sample submission

Obtain an appropriate sample and label it with Date of Collection and Patient Information which matches the patient information given reverse side of this form. **If two matching identifiers are not present on the sample/requisition, testing may be rejected!**

Specimens should be shipped and received on a cool pack.

Sample Type:

  ABO/Rh :   (1) 4-6ml EDTA tube and (1) Clot tube (separate serum and label properly)
  DAT: (1) 4-6ml EDTA tube
  Antibody Titer: (2) 4-6ml EDTA tubes and (2) Clot tubes (separate serum and label properly)
  Antibody ID: (3) 4-6ml EDTA tubes and (2) Clot tubes (separate serum and label properly)

1) Please Call Rice Memorial Hospital Laboratory to request testing. 1-800-922-RICE

2) Submitting Facility Information

Facility Name _____

Phone Number (_____) - _____   Fax Number (_____) - _____

Requesting Physician _____

3) Patient Information

Patient Name _____ Patient ID or LIS# _____

Patient DOB [ ] / [ ] / [ ]   Date [ ] / [ ] / [ ]

Diagnosis _____

4) Patient History: ***Please personally ask the patient the following questions.***

Was patient inquiry performed?   ☐ Yes   ☐ No, reason why? _____

Known RBC antibody(ies) _____

Date of last known negative antibody screen _____

Current Medication(s) _____

Additional Information _____

Transfusion History:

Within last 3 months   ☐ No   ☐ Yes   Dates/Products: _____

Prior to last 3 months   ☐ No   ☐ Yes   Dates/Products: _____

Pregnancy History:

Number of pregnancies? _____

Currently Pregnant?   ☐ No   ☐ Yes   Due Date (required) [ ] / [ ] / [ ]

**If Rh Negative, date of last RhoGam injection [ ] / [ ] / [ ]

A case interpretation will not be issued without complete patient history.

5) **Test request** *****See preceding specimen requirements*****

ABO/Rh _____

DAT _____

Antibody Titer (Sent to American Red Cross) _____

Antibody ID (Includes a Type and Screen) _____

Antigen Negative Typed Units _____

Blood products needed: ☐ PRBC's ☐ PLTS ☐ FP ☐ CRYO

How many units? _____ When needed? _____ Transportation? ☐ Rice courier ☐ Other

Comments: _____

6) **Laboratory Data ***Please include copy of screen antigram*****

ABO/Rh _____ Antibody Screen results _____

DAT Polyspecific _____ DAT Monospecific _____

Crossmatch results	IS	AHG	CC
Unit #			
Unit #			

	GEL
I	
II	
III	

Submit