

# 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	