Central California Blood Center

4343 W. Herndon Ave. Fresno, CA 93722
PH: 559-389-5483 FAX: 559-225-7490
IRL@donateblood.org

Medical Director: Patrick Sadler, M.D.
CLIA # 05D0643580

Immunohematology Reference Laboratory Requisition Form

Submitting Facility Information			
Facility Name:			
Requesting Physician:			
Name of Person Completing Form:			
Sample Pickup Needed: ☐ No ☐ Yes Time of Pickup (if Yes):			
Priority: ☐ STAT ☐ ASAP ☐ Routine ☐ Specific Date/Time:			
Patient and Sample Information			
Last Name:	First Name:		MI:
Date of Birth: / /	Sex: ☐ M ☐ F ☐ Unknown	Ethnicity:	
Patient ID#:	Status: ☐ Inpatient ☐ Outpatient		Hgb:
Sample ID:	Date: / /	Time:	Phleb. ID:
Testing Requested			
☐ ABORh ☐ ABORh Discrepancy ☐ Antibody ID ☐ DAT Investigation ☐ Elution ☐ Neonatal ABORh ☐ Neonatal DAT ☐ Rh (E, e, C, c)/K Phenotype ☐ Extended Phenotype (Rh, K, Fy, Jk, MNSs) ☐ Specific Antigens:			
Other Testing (will require send out to another testing facility, CCBC will handle all logistics): ☐ Molecular Antigen Type ☐ RHCE Genotype ☐ Weak D/Partial D Analysis ☐ Fetal Genotype ☐ Paternal Zygosity ☐ HLA Antibody Testing			
Notes:			
Products Requested			
Physician order to transfuse? ☐ No ☐ Yes Date/Time of Transfusion (if Yes):			
Red Cell Units			
# of Units:	☐ CMV Neg ☐ Irradiated ☐ Sickle Neg ☐ Washed ☐ Hct Range		
Antigen Negative: ☐ Historic ☐ Screened ☐ NA ☐ D ☐ C ☐ E ☐ c ☐ e ☐ K ☐ Fy^a ☐ Fy^b ☐ Jk^a ☐ Jk^b ☐ M ☐ N ☐ S ☐ s ☐ Other:			
HLA Matched Platelets			
# of Units:	HLA Testing Previously Done: ☐ Yes ☐ No (must also order HLA Antibody Testing)		
Notes:			
Hospital Results and Patient History			
ABORh:	Known Antibodies:		
Facility where previous antibodies were identified:			
DAT: ☐ Positive ☐ Negative ☐ Not Performed			
Antibody Screen Results: ☐ Positive ☐ Negative ☐ Not Performed			
Methodology Used: ☐ LISS Tube ☐ PeG Tube ☐ Gel ☐ Solid Phase			
Transfusion History			
Transfused within last 3 months?	☐ No ☐ Yes Date(s) (if Yes):		
Transfused prior to last 3 months?	☐ No ☐ Yes Date(s) (if Yes):		
Any transfusion reactions?	☐ No ☐ Yes Type (if Yes)		
Currently pregnant or within last 3 months?	☐ No ☐ Yes Due Date:		
Rh Immune Globulin given?	☐ No ☐ Yes Date (if Yes):		
Notes:			
Medications:			
Diagnosis:			

Order received date/time: _____ *Sample received date/time:* _____

Central California Blood Center

4343 W. Herndon Ave. Fresno, CA 93722
PH: 559-389-5483 FAX: 559-225-7490
IRL@donateblood.org

Medical Director: Patrick Sadler, M.D.
CLIA # 05D0643580

Immunohematology Reference Laboratory Requisition Form

Form Instructions

1. Contact the IRL before sending samples.
   Hours of Operation: Monday through Friday 0600-1800. An on-call tech is available outside of these hours for emergent situations.
   After hours, please contact Product Management at (559) 224-8244 | fax: (559) 224-6023
2. Fill out this request form completely. Incomplete forms may delay testing and require further communication.
3. Label all samples with: full patient name, second unique patient identifier number, date collected, and phlebotomist ID.
   Incorrectly labeled specimens will not be tested.
4. Update the IRL with any changes in the status of the request.
5. Attach copies of any work done at your facility.

Sample Requirements

Serology Testing (ABORh, Antibody ID, DAT, Elution, Antigen Typing)
1 clot tube, 4 EDTA tubes (minimum 20 mL of EDTA)

Molecular Testing
1-2 EDTA tubes (minimum volume 10 mL)

HLA Antibody Testing
1 clot tube (10 mL), 1-2 EDTA/ACD tubes (minimum 5 mL of EDTA/ACD)

Additional Information

- All samples submitted for testing will have an ABORh performed, this is part of CCBC's positive patient identification process.
- All red cell units requested with patient testing being performed by CCBC will have compatibility testing performed to ensure units being sent to your facility will be compatible.

Approximate Turnaround Time for Preliminary Results

- Stat: Within 8 hours
- ASAP: Within 24 hours
- Routine: Within 3 business (M-F) days
- Specific Date/Time: Results and units (if ordered) will be to your facility by specified date and time

Notes:

- All turnaround times are measured from the time the sample is received by the laboratory.
- Complex workups may require additional time to resolve. The laboratory will notify your facility if this is the case.
- Samples sent out for specialized testing will be reported as soon as CCBC receives results from the outside facility.