

Immunoematology Reference Laboratory (IRL)

Instructions:

1. Ensure sample is of appropriate type, labeled correctly and the required volume of blood is provided. Do not use tubes that contain a silicone separator gel. Additional information on sample requirements, CPT codes, test description, scheduling and reporting can be found at <https://www.bloodworksnw.org/lab/tests>

Sample Requirements:

Test	Requested Amount
Antibody Identification Prenatal Antibody Identification (titration) ABO antibody Titers	2 full 7 ml EDTA tubes OR 2 10 ml clotted sample. *see note below for minimum sample requirements
HSCT Long term Follow-up Suspected Delayed Hemolytic Transfusion Reaction Hemolysis Evaluation	2 full 7 ml EDTA tubes *see note below for minimum sample requirements
NOTE: Minimum sample requirement for above tests: One full 7 ml EDTA sample as the minimum amount. Patients 1 - 5 years old: One full 3 ml EDTA sample minimum. Patients ≤1 year old: Two full 0.5 ml EDTA microtainers (1.0 ml total) of peripheral blood is the minimum amount.	
Donath-Landsteiner Test	10 ml clotted sample drawn and maintained at 37°C until serum is separated from clot.
Thermal Amplitude Test	10 ml clotted or 7 ml EDTA sample maintained at 37°C until serum/plasma is separated
ABO Genotyping Red Cell Genotyping for Multiple Blood Groups	7ml EDTA tubes

Contact IRL for sample requirements for any special testing not listed above.

Sample Labeling: All samples must be properly labeled and information must agree with the identification on the RFT.

- The sample requires two patient unique identifiers. If a sample is identified by name, there must be a numeric identifier which may include hospital number or other coded identifier. A birthdate is not acceptable in this circumstance.
- A draw date should be on the sample.

When RBCs are to be crossmatched: Samples must additionally include: full name of patient, date and time obtained, hospital and/or patient identification number and the identification of the individual obtaining the sample. Submit a Request for Blood and Blood Components form. Also notify the laboratory for additional sample requirements.

2. Complete the IRL Request for Testing form (RFT); it must contain all of the information that is printed in red: draw date/time, physician or authorized person ordering test, to whom to send the report. Identifying a contact person is required to facilitate timely resolution of discrepancies and questions.

3. Complete and send the Immunoematology Consultation Request Form. Include copies of serological evaluations worksheets.

4. Additional samples: If patient has been transfused within the last 30 days, and submitting for antibody identification, send pre- and post-transfusion samples.

5. Notification and Transport: Notify the laboratory of shipping arrangements by phone (206-689-6534). All samples must be sent to Bloodworks Northwest in a sealed, leak-proof container marked with a biohazard sticker to comply with OSHA safety standards. Ship at ambient temperature unless instructed otherwise.

Tests that may be performed in Profiles:

Antibody Identification		Prenatal Antibody Identification		Hemolysis evaluation	
Red cell panel	3126-00	Red cell panel	3126-00	Red cell panel	3126-00
Direct Antiglobulin Test-Polyspecific	3125-02	Direct Antiglobulin Test-Polyspecific	3125-02	Direct Antiglobulin Test-Polyspecific	3125-02
Direct Antiglobulin Test-Monospecific	3125-01	Direct Antiglobulin Test-Monospecific	3125-01	Direct Antiglobulin Test-Monospecific	3125-01
Elution	3129-00	Elution	3129-00	Indirect Antiglobulin Test -Antibody screen	3104-02
Extended Patient Phenotype	3136-00	Extended Patient Phenotype	3136-00	Elution	3129-00
Rh & K Phenotype	3117-00 3118-00	Rh & K Phenotype	3117-00 3118-00	Positive antibody screen reflex to Antibody Identification as indicated	
Red cell separation for phenotyping	3131-00	Red cell separate for phenotyping	3131-00		
Auto/allo adsorption	3127-00 3128-00	Auto/allo adsorption	3127-00 3128-00	Polyagglutination	
Chemical treatment of Red Cells	3132-00	Chemical treatment of Red Cells	3132-00	Minor crossmatch with adult and cord sera	3137-01
Enzyme Treatment of Red Cells	3133-00	Enzyme treatment of Red Cells	3133-00		
Chemical Treatment of Serum	3134-00	Chemical Treatment of Serum	3134-00		
Neutralization	3130-00	Neutralization	3130-00	Reflex to lectin panel if indicated	3137-02
Red cell antibody Titrations	3115-00	Red cell antibody Titrations	3115-00		
<i>Note: Reflex to red cell genomics testing if indicated</i>		<i>Note: Reflex to red cell genomics testing if indicated</i>			
Suspected delayed hemolytic transfusion reaction		Long term marrow transplant (HSCT) recipient follow-up		Resolution of ABO discrepancy	
Direct Antiglobulin Test-Polyspecific	3125-02	Direct Antiglobulin Test-Polyspecific	3125-02	Direct Antiglobulin Test-Polyspecific	3125-02
Direct Antiglobulin Test-Monospecific	3125-01	Direct Antiglobulin Test-Monospecific	3125-01	Direct Antiglobulin Test-Monospecific	3125-01
Elution	3129-00	ABO/Rh typing	3103-03	Extended Patient Phenotype	3136-00
Red Cell Panel	3126-00	%ABO	3105-00	RBC Phenotype- Single antigen	3118-00
AHG crossmatch of implicated RBCs unit Positive AHG Crossmatch reflex to Antibody Identification as indicated	3015-02	Indirect Antiglobulin Test-antibody screen	3104-02	Chemical treatment of Red Cells	3132-00
		Anti-A/Anti-B Titrations	3115-00	Chemical treatment of Serum	3134-00
		Red cell panel	3126-00	Red cell panel	3126-00
		Positive antibody screen reflex to Antibody Identification as indicated		Rh & K Phenotype	3117-00 3118-00