

### **REQUEST FOR TESTING**

## Immunohematology Reference Laboratory (IRL)

921 Terry Ave. | Seattle, WA 98104

**Phone** 206-689-6534 | **Fax** 206-689-8357

Laboratory Staffed for Questions 24/7

Specimen Number Order Number

For current test descriptions and CPT codes visit <a href="https://www.bloodworksnw.org/labs/te">https://www.bloodworksnw.org/labs/te</a>	BW Tech ID TIME RECEIVED
TESTING PROFILES – May include one or more of the individual tests given bel	ow.
<ul> <li>□ Antibody Identification</li> <li>□ Hemolysis evaluation</li> <li>□ Suspected delayed hemolytic transfusion reaction</li> <li>□ Prenatal Antibody Identification (includes antibody titration, if indicated)</li> </ul>	Long term marrow transplant (HSCT) recipient follow-up Resolution of ABO discrepancy Polyagglutination (includes lectin panel, if indicated) Other (please specify)
INDIVIDUAL TESTS – If Profile has been checked above, do NOT check test be	low.
3103-03 ABO & Rh (D antigen typing) 3103-03 Solid Organ Donor ABO & Rh (A1 lectin if group A) RF11 3105-00 % ABO for HSCT 3104-02 Indirect Antiglobulin Test (antibody screen) 3125-02/01 Direct Antiglobulin Test (polyspecific and monospecific) 3129-00 Elution 3117-00/3118-00 Sickle Cell Phenotype (Rh & K) 3117-00 Rh Phenotype (D, C, E, c and e antigen typing) 3136-00 Extended Patient Phenotype (7 or more antigens) 3118-00 Single Antigen Phenotype Specify antigen:	3139-00 □ Donath-Landsteiner Test for PCH 3140-00 □ Thermal Amplitude  3115-00 □ Anti-A Titer for HSCT 3115-00 □ Anti-B Titer for HSCT 3115-00 □ ABO Incompatible Heart Transplant Titer (□anti-A or □anti-B) 3115-00 □ ABO Incompatible Liver Transplant Titer (□anti-A or □anti-B) 3115-00 □ Kidney UNOS Protocol Titer (anti-A or anti-B) 3115-00 □ Antibody Titer (other than anti-A or anti-B) Specify antibody:
The above tests should be performed STAT* Yes The above test should be run outside of normal business hours  GENOMICS TESTS (If genomics testing is required please check a box below	
3117-08 ABO Genotyping  Reason for DNA Analysis:  *Note: For additional genomics testing refer to our weelength of the second of	
NOTE: Information in RED must be completed.  Sample Drawn: DATE// TIME am/pm  Sample Drawn By:  X/X	INCLUDE PHONE NUMBER OR FAX NUMBER TO REPORT RESULTS AS SOON AS AVAILABLE OR FOR STAT TESTING
Specimen/Accession No.:	If results are needed as soon as available, PHONE or FAX at ( )
Diagnosis/Purpose of Testing:	Name Number
History / Comments / Special Instructions:	SEND REPORT TO:  Name Street
Form Completed By:	Street City, State, Zip
Name must match EXACTLY name on sample label.  Name on Sample LAST FIRST MIDDLE	SEND BILL TO (if different than above):  Name Street
Hospital Identification Number	City, State, Zip
Hospital/Institution	
Social Security Number Sex (M/F) Date of Birth (mm/dd/vr)	-

# Immunohematology 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	2 full 7 ml EDTA tubes OR 2 10 ml clotted sample.				
Prenatal Antibody Identification (titration)	*see note below for minimum sample requirements				
ABO antibody Titers					
HSCT Long term Follow-up	2 full 7 ml EDTA tubes				
Suspected Delayed Hemolytic Transfusion Reaction	*see note below for minimum sample requirements				
Hemolysis Evaluation					
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	7ml EDTA tubes				
Red Cell Genotyping for Multiple Blood Groups					

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.

<u>When RBCs are to be crossmatched:</u> 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 <u>must</u> 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 Immunohematology 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	Rh & K Phenotype	3117-00	Positive antibody screen reflex to Antibody	
	3118-00		3118-00	Identification as indicated	
Red cell separation for phenotyping	3131-00	Red cell separate for phenotyping	3131-00		
,	3127-00	Auto/allo adsorption	3127-00	24 4 11 11	
	3128-00	·	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	1	
Note: Reflex to red cell genomics testing if indicated		Note: Reflex to red cell genomics testing if indicated			
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	3015-02	Indirect Antiglobulin Test-antibody screen	3104-02	Chemical treatment of Red Cells	3132-00
Positive AHG Crossmatch reflex to		Anti-A/Anti-B Titrations	3115-00	Chemical treatment of Serum	3134-00
Antibody Identification as indicated		Red cell panel	3126-00	Red cell panel	3126-00
		Positive antibody screen reflex to		Rh & K Phenotype	3117-00
		Antibody Identification as indicated			3118-00