

# **New York** Blood Center

## Testing Request Form Platelet Antibody Screen / Cross-Matched Platelets

**Platelet Antibody Screening and /or Cross Matched Platelet orders - Fax Form to (516) 478-5567**

**Contact is** – Westbury - QC/Reference Lab (516) 478-5160

**Please send specimens with copy of this form to:**

Westbury - QC Reference Laboratory, 1200 Prospect Avenue, Westbury, NY 11590

**Label all specimens clearly** - Last name, First name - DOB - Date and time drawn

1. Specimens Requirements – 2 -10 ml tubes Whole Blood (**no gel**) or 4 mL serum/plasma. Acceptable anti-coagulants are EDTA, ACD, CPD or CPDA-1. Samples should be transported with ICE or cold packs and **MUST** be less than 48 hours old when received for testing.
2. For specimen pick-up - **Contact Client Services Department at 866-628-1452 or 718-707-3771**

**Hospital:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Blood Bank Phone #** \_\_\_\_\_ **Fax #** \_\_\_\_\_

**Patient Information: Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Male**  **Female**  **Blood Type:** ABO \_\_\_ Rh \_\_\_ **CMV Status:** Neg  Pos  unknown

**Diagnosis:** \_\_\_\_\_

**Current Platelet Count:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Testing Requested:** Platelet Antibody Screen  Additional Sample for Future Testing

**Product Requested:** Cross Matched Platelets  Non Type specific acceptable: Yes  No

**Do you need?** - CMV Negative Platelets: Yes  No  Irradiated: Yes  No

**Date(s) of Transfusion:** \_\_\_\_\_ **Number of units per Transfusion:** \_\_\_\_\_

**Product Delivery:** STAT  Routine

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#### QC/Reference Lab

Specimen Received - Date/Time: \_\_\_\_\_ Received by: \_\_\_\_\_

Condition of Specimen: Acceptable: \_\_\_ Unacceptable: \_\_\_ Comments: \_\_\_\_\_

#### Results:

Initial Screen: Neg \_\_\_ Pos \_\_\_ NA \_\_\_ Number of Cells Reactive \_\_\_\_\_

Chloroquine Screen: Neg \_\_\_ Pos \_\_\_ NA \_\_\_

Called to: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Tech: \_\_\_\_\_

Supervisor/Designee: \_\_\_\_\_ Date: \_\_\_\_\_