

Laboratory of Immunohematology and Genomics

45-01 Vernon Boulevard, Long Island City, NY 11101 / Phone: 718-752-4771 / Fax: 718-752-4747

of tubes sent _____

Routine ASAP

Life-Threatening samples must be transported (STAT) direct/non-stop

Sample **Drawn:** ____/____/____
Month Day Year

Sample **Sent:** ____/____/____
Month Day Year

Please also send pre-transfusion RBC sample, if available.

Patient Information First _____ Middle _____

Name: Last _____

Date of Birth _____ Sex _____

Medical Record Number _____ Previous investigation at NYBC? Yes No

Ethnicity (Check all that apply) African-American Asian Hispanic Native American Pacific Islander White Other _____

Diagnosis _____ **DARA workup**

Hgb/HCT _____ Active bleeding? _____ Signs of hemolysis? _____ HDFN? _____

Medication (if applicable) _____

Transfusion History Date(s) _____

Transfusions within last 3 months? Number _____ Date(s) _____

Transfusions prior to last 3 months? Number _____

History of reactions? __No __Yes, describe: _____

Previous pregnancy? __No __Yes, date(s) _____ Stem cell transplant? __No __Yes, date _____

IVIG? __No __Yes, date(s) _____ Rh Immunoglobulin? __No __Yes, date(s) _____

Hospital Test Results

DAT: Poly _____ IgG _____ C3 _____ Control _____

ABO/Rh _____ Known Antibodies _____

Describe current transfusion problem and/or Reason for submitting _____

Do you have a request from a physician to transfuse this patient? __No __Yes

Are you planning to order Precise Matched Units for this patient? __No __Yes Level 1 (Rh and K)
If yes to either question, see * below Level 2 (extended Rh,K,Fy,Jk,Ss)

Hospital Contact Information

Ordering Physician _____ Contact Person _____

Hospital Name _____ Telephone (____) _____

Hospital Address _____ Fax (____) _____

City _____ State _____ Zip Code _____ E-mail _____

* This does not constitute a blood order. Contact Customer Care at 855-552-5663 to discuss Precise Match Program

Enclose request form with blood specimens and panel sheets

See reverse side for sample requirements/shipping instructions

Sample Requirements and Shipping Information

Also include pre-transfusion RBC sample, if available

For Antibody Investigation:

10 mL clotted (red top) and 7 to 10 mL EDTA (lavender top)

Donath-Landsteiner Test & Hemolytic Cold Reacting Antibodies

10 mL clotted (red top) (kept at 37C until serum separated) and 7 mL EDTA (lavender top)

Drug-induced Hemolytic Anemia

10 mL clotted (red top) and 7 mL EDTA (lavender top) and the relevant drug

Avoid gel-separator tubes

Blood Sample Labels Should Contain:

1. Patient name
2. Patient identifying number (Medical Record #)
3. Date sample drawn
4. Phlebotomist identity (initials)

Insufficiently labeled samples will not be tested

Procedure for Sending Samples:

1. During working hours

- a) Fill out the Request for Serological Investigation Form and provide the necessary information
- b) Notify the Laboratory of Immunohematology and Genomics by telephoning the NYBC Customer Care Center at 718-707-3771 (Toll free: 855-552-5663) before sending the sample
- c) Pack the sample in a secured protective manner to avoid breakage

2. After hours (Life Threatening)

- a) Fill out the Request for Serological Investigation Form and provide the necessary information
- b) Telephone the NYBC Customer Care Center at 718-707-3771 (Toll free: 855-552-5663)
- c) Order will be triaged by NYBC staff who may telephone the hospital blood bank staff to determine the urgency of the workup
- d) Pack the sample in a secured protective manner to avoid breakage

Delivery Instructions:

Routine Samples: Arrange transportation either with your own courier or through NYBC Customer Care Center.

Life-threatening samples: Arrange emergency transport direct, non-stop

Deliver all samples to the 45th Road employee entrance of the 45-01 Vernon Boulevard facility

Laboratory of Immunohematology and Genomics

45-01 Vernon Boulevard
Long Island City, NY 11101

Phone: 718-752-4771 / Fax: 718-752-4747