Immunohematology Reference Laboratory Requisition

versiti

Versiti Illinois: Phone 630-264-7832 | Fax 630-892-8648 **Versiti Indiana: Phone 317-916-5188 | Fax 317-916-5189**
Versiti Michigan: Phone 616-233-8583 | Fax 616-233-8687 **Versiti Wisconsin: Phone 414-937-6205 | Fax 414-937-6461**

NOTE: Versiti does NOT bill patients or insurance. Test orders must be placed through a medical facility that has an account with Versiti. Client # required.

Ordering Institution Information

Person Completing Requisition:	Provider:	
Institution:		Client #:
Dept:	Address:	
City:	State:	Zip Code:
Phone (Lab):	Provider Contact (phone/email):	

Patient Information

Last Name:	First Name:	MI:	DOB:
MR#:	Accession #:	Draw Date:	Draw Time:
Biologic Sex/Sex Assigned at Birth: ☐ Male ☐ Female		Ethnicity:	

Patient Clinical History

ABO/RH:	Hgb/HCT:	Diagnosis:
Known Antibodies:	Indication for Transfusion:	
Number of Pregnancies:	History of Stem Cell Transplant? ☐ Yes ☐ No	
Prior Transfusions ☐ Yes ☐ No	ABO/RH of transfused units:	Date Unit(s) transfused:

Specimen Information

Specimen Type: ☐ EDTA Blood ☐ Serum (red top) ☐ DNA ☐ Amniotic Fluid ☐ Cultured Amniocytes ☐ CVS ☐ Cultured CVS ☐ Cord Blood ☐ Other

Special Requests

☐ **Routine** **Results on Serology testing report within 3 business days (M-F) Or indicate Date & Time needed:**

☐ **ASAP** **Results will be expedited within 1 business day (M-F)**

☐ **STAT** **Immediate processing of sample. Notify Laboratory prior to sending.**

REQUIRED FOR STAT REQUESTS	Provider Name:	Provider Phone Number:
	*Notify the Laboratory prior to sending STAT samples	
	☐ **Patient actively bleeding** ☐ **Urgent or impending Surgery (within 24 hours)**	☐ **Patient Hgb < 6.0 or Cardiac patients Hgb < 8.0 and transfusion imminent** ☐ **Other**_____

Reason for Submission – Additional Testing May Be Performed As Required. Attach Patient Results and Medication List

☐ Antibody Identification (3060) ☐ Antibody Titration (3080) ☐ Positive DAT/Elution (3020) ☐ ABO/Rh Discrepancy
☐ Crossmatch Problem (3050) ☐ Suspected HTR investigation ☐ HDFN Investigation (3100) ☐ Other _____

Additional Testing Performed at the Wisconsin Location

☐ DAT Negative Workup **(3111)** ☐ Thermal Amplitude (3021) ☐ Donath Landsteiner (3011) ☐ Drug-Dependent RBC Antibody Study (3110)_(Drug)_____
☐ Red Cell Genotyping Panel (44 Antigens) (3530) ☐ Weak RhD Analysis (3040) ☐ Partial RhD Analysis (3240)

PRENATAL Molecular Testing Performed at the Wisconsin Location – Maternal blood MUST be submitted with fetal sample

Maternal antibodies and titer if known:	Paternal Name:	Paternal DOB:

☐ RHD (fetal) (3872) ☐ C/c (3850) ☐ E/e (3852) ☐ K/k (3854) ☐ Fy^a/Fy^b (3860) ☐ Jk^a/Jk^b (3862) ☐ RhD Zygosity (Paternal) (3874)
☐ S/s (3866) ☐ M/N (3864) ☐ Kp^a/Kp^b (3856) ☐ Js^a/Js^b (3858) ☐ Lu^a/Lu^b (3868) ☐ Do^a/Do^b (3870)

Units Requested

# Units Needed _____	☐ CMV Neg ☐ Irradiated ☐ Compatibility Screened ☐ Other: _____

VERSITI USE ONLY: ☐ EDTA ☐ CITP ☐ ACBD ☐ ACDA ☐ Serum ☐ Clot ☐ Other Evaluated By: _____

SHIPPING FOR STANDARD WORKUPS

Versiti-IL 1200 N. Highland Ave Aurora, IL 60506	**Versiti-IN** 3450 N. Meridian Street Indianapolis, IN 46208
Versiti-MI 1036 Fuller Ave NE Grand Rapids MI 49503	**Versiti-WI** 638 N. 18th Street Milwaukee, WI 53233

RECOMMENDED TUBES FOR COLLECTION – DO NOT USE TUBES THAT CONTAIN SILICONE SEPARATOR GEL

Plain red top vacutainers for clotted (serum) samples -- Lavender/Pink top vacutainer with EDTA anticoagulant

SPECIMEN REQUIREMENTS

SUSPECTED SEROLOGIC PROBLEM	REQUESTED AMOUNT
Warm Autoimmune Hemolytic Anemia – IAT Positive with all panel cells tested and a positive DAT (1+ - 4+) *For patients under 20 kg body weight, sample requirements will be adjusted depending on communication with patient's provider.	**No transfusion within the past 3 months:** 24mL EDTA whole blood (lavender or pink top) AND 21mL clotted whole blood (red top) **Transfused within the past 3 months:** 5mL EDTA whole blood (lavender or pink top) AND 30mL clotted whole blood (red top)
Antibody Identification ABO/Rh Discrepancy Antibody Titration Suspected transfusion reaction Crossmatch Problem Antibody Confirmation	5mL EDTA whole blood (lavender or pink top) AND 21mL clotted whole blood (red top)
Positive DAT/Elution	10mL EDTA whole blood (lavender or pink top) AND 10mL clotted whole blood (red top)
DAT Negative Autoimmune Hemolytic Anemia Study	10mL EDTA whole blood (lavender or pink top) AND 21 mL clotted whole blood (red top)
Thermal Amplitude or Donath-Landsteiner Test	5mL EDTA whole blood AND 21mL clotted whole blood **prewarmed and maintained at 37°C during clotting and serum separated immediately**
Drug-Dependent RBC Antibody Study (complete the medication history listed below)	5mL EDTA whole blood AND 21mL clotted whole blood (red top) and **include a sample of each suspected drug**
Hemolytic Disease of the Fetus and Newborn	Child – Cord blood sample (if available) Mother – 5mL EDTA Whole blood (lavender or pink top) AND 21 mL clotted whole blood (red top)

MOLECULAR TESTS	REQUESTED AMOUNT
Weak RhD Analysis / Partial RhD Analysis	5mL EDTA whole blood (lavender or pink top)
Red Cell Genotyping Panel (44 Antigens)	5mL EDTA whole blood (lavender or pink top)
Prenatal Genotyping	**FETAL** – 7-15mL Amniotic Fluid or 5-10mg CVS **Backup Culture** (highly recommended): Two (2) T25 flasks Cultured Amniocytes or CVS (2 × 10^6 minimum) **MATERNAL**: 3-5 mL EDTA whole blood for MCC (lavender top). **PATERNAL**: 3-5 mL EDTA whole blood