



SAMPLE RECEIVED:

Date _____ Time _____ Initials _____

Condition _____ Stored _____

I. PATIENT INFORMATION

* Name: _____ * Patient ID #: _____

* Birthdate: _____ * Date of Specimen: _____

* Institution: _____ * Gender (*circle one*): M or F

City/State: _____ * Physician: _____

Contact: _____ Phone Number: _____

* **Required**

II. TESTING REQUESTED

- Platelet Crossmatch Platelet Crossmatch Incompatibility Screen
- Platelet Antibody Screen (Indirect) Platelet Associated Ig (Direct)
- Heparin Antibody Test (HAT) HPA-1a (P1^{A1}) Antigen Typing
- Other: _____

III. PRODUCT REQUIREMENTS (*Only fill out when ordering Platelet Crossmatch*)

* Patient's ABO/Rh type: _____ **Special Requirements:**

* Platelet ABO/Rh type: _____ (option #1) CMV Negative

_____ (option #2) Other: _____

_____ (option #3)

* **Required**

Number of Apheresis Products Requested: _____ When: _____

IV. COMMENTS _____

V. REPORTS

Do you wish to have the report mailed? or faxed? FAX number: _____

NOTE: See reverse side for specimen requirements.

-INSTRUCTIONS FOR SUBMISSION OF SAMPLE -

- Contact the Platelet Serology Laboratory by calling (651) 291-6797 during routine hours, Monday through Friday, 8:00 AM to 4:30 PM **OR** the Reference Laboratory at (651) 291-6760 Monday through Friday 4:30 PM to Midnight.

During non-routine hours: Monday thru Friday, Midnight to 8:00 AM
(Crossmatch only) Weekends and Holidays, Contact the Reference Technologist on call through Hospital Services at (651) 291-6767.

- Specimen Requirements:

TEST	SAMPLE REQUIREMENTS	SHIPPING
Platelet Crossmatch/Platelet Crossmatch Incompatibility Screen	<ul style="list-style-type: none"> Plasma (EDTA, ACD, CPD, CPDA-1) Separate plasma from red cells. Refrigerate for no longer than 48 hrs. after collection. After 48 hours freeze specimen. <p><i>Maximum number of days a sample can be used for testing is 7 days.</i></p>	<p>Send on wet ice/cold pack within 48 hr.</p> <p>Send on dry ice after 48 hr. of collection.</p>
Platelet Antibody Screen (Indirect)	<ul style="list-style-type: none"> Serum or Plasma (ACD or EDTA) Separate plasma/serum from red cells. Refrigerate for no longer than 48 hrs. after collection. After 48 hours freeze specimen. 	<p>Send on wet ice/cold pack within 48 hr.</p> <p>Send on dry ice after 48 hr. of collection</p>
Platelet Associated Ig (Direct)	<ul style="list-style-type: none"> Send EDTA tubes (minimum 20 mL) (DO NOT SEPARATE) 	<p>Send at Room Temperature</p>
Heparin Antibody Test (HAT)	<ul style="list-style-type: none"> Serum or Plasma (ACD or Sodium Citrate only) Separate serum/plasma from red cells. Refrigerate for no longer than 48 hrs. after collection. After 48 hours freeze specimen. 	<p>Send on wet ice/cold pack within 48 hr.</p> <p>Send on dry ice after 48 hr. of collection.</p>
HPA-1a (PI ^{A1}) Antigen Typing	<ul style="list-style-type: none"> Plasma (EDTA) 5-7 mL (DO NOT SEPARATE) Sample must be tested within 48 hours of collection 	<p>Needs to arrive at our lab less than 48 hours after collection.</p> <p>Send at Room Temperature</p>

- All Platelet Crossmatch/Incompatibility Screen specimens **MUST** be labeled with the patient's full name, date collected, and secondary identification # OR date of birth.
- Specimens should be shipped in accordance with federal and local requirements for transporting diagnostic specimens.
- At a minimum, complete the required sections of the "Request for Platelet Testing" form.
- Return the completed "Request for Platelet Testing" form along with the specimen.
- Place a mailing label on the outer container with the following information:

American Red Cross - North Central Blood Services
100 South Robert Street
St. Paul, MN 55107
ATTN: Platelet Serology Laboratory