



Neutrophil Laboratory:

Phone: (651)291-6797 or (877)447-6489
Fax: (651)291-3233
Website: www.redcrosslab.org

SPECIMEN RECEIVED:

Date: _____ Time: _____ Initials: _____
Condition: _____ Stored: _____
Accession#:

See page 2 for instructions, sample types, labeling and shipping requirements

Patient/Donor Information:

Name _____ Age/DOB _____
ID# _____
Gender male female
Institution _____
Department/Address _____
City/State/ZIP _____
Phone _____ Fax _____

Specimen Information:

Collection date _____
Specimen type
 serum
 plasma anticoagulant _____
Physician _____
Reports: mail fax

Clinical Conditions:

Autoimmune Neutropenia
 Alloimmune Neonatal Neutropenia
 Drug Dependent Neutrophil Antibody
 Diagnosis Unspecified

Choose test(s) from list below

TRALI Investigation: (Transfusion-Related Acute Lung Injury)

Donor
 Recipient
*Please specify Donor or Recipient

Choose test(s) from list below

Test Requests:

Recommended Testing - Clinical Neutropenia:
 Neutrophil Antibody Screen

Additional Specialized testing:

MAINA
(Monoclonal Antibody Immobilization of Neutrophil Antigens)
 Neutrophil Crossmatch
 Drug Dependent Neutrophil Antibody
 Antigen Phenotyping
(HNA-1a, 1b, 1c, 2a, 3a & 4a)
 Genotyping
(HNA-1a, 1b & 1c)

Test Requests:

Recommended Testing – TRALI Investigation:
 Neutrophil Antibody Screen

-and-

HLA Antibody testing (choose one):

Screen Only
 Screen + Single Antigen ID (if screen is positive)
 Screen + PRA ID (if screen is positive)

Additional Specialized testing:

MAINA (to differentiate neutrophil-specific from HLA Class I antibodies)
 Neutrophil Crossmatch
 Antigen Phenotyping
 Genotyping

Instructions for submitting samples for Neutrophil testing:

1. Obtain an appropriate sample. Refer to table below for specimen requirements.
2. Label it with the patient name, a second identifier (DOB or Medical Record number) and the collection date.
3. Complete page 1 of this form. Include completed form with sample shipment.
4. Refer to table below for shipping requirements. Specimens must be shipped according to federal and local requirements for Shipping Biological Substances Category B.

Shipping Address:

Neutrophil Serology Laboratory
 North Central Blood Service
 100 South Robert Street
 St. Paul, MN 55107

Business Hours: 8:00 AM – 4:30 PM Mon-Fri
 Phone: (651) 291-6797
 Fax: (651) 291-3233
 Website: www.redcrosslab.org

Test	Collection & Handling	Shipping
Antibody Screen	Minimum of 500 µL of serum or plasma: <ul style="list-style-type: none"> Serum from a plain red top tube Plasma – EDTA or anticoagulant used in blood collection are acceptable. Segments are NOT acceptable. Separate from cells and freeze immediately	Ship frozen (on dry ice) Via overnight courier For delivery on Tues -Fri
MAINA <small>(only performed in conjunction with an Antibody Screen)</small>	Minimum of 500 µL of serum or plasma (Collection and handling per Antibody Screen requirements.)	Per Antibody Screen Requirements
HLA Antibody Testing	Minimum of 1 mL of serum or plasma (Collection and handling per Antibody Screen requirements.)	Per Antibody Screen Requirements
TRALI Work-up	2-3 mL serum or 6-8 mL of plasma (Collection and handling per Antibody Screen requirements.)	Per Antibody Screen Requirements
*Drug Dependent Neutrophil Antibody <small>*Call lab (651) 291-6797 before sample collection</small>	1. Minimum of 500 µL of serum or plasma. (Collection and handling per Antibody Screen requirements.) 2. 2-5 mg of each drug of interest	Per Antibody Screen Requirements
*Neutrophil Crossmatch <small>*Call lab (651) 291-6797 before sample collection</small>	1. Minimum of 500 µL of serum or plasma. (Collection and handling per Antibody Screen requirements.) 2. 14 – 28 mL of EDTA whole blood maintained at ambient temperature.	Serum/plasma: Per Antibody Screen Requirements Cells: Ship at ambient temperature In insulated container.
*Phenotyping <small>(HNA-1a, 1b, 1c, 2a, 3a & 4a)</small> <small>*Call lab (651) 291-6797 before sample collection</small>	14 – 28 mL of EDTA whole blood maintained at ambient temperature.	Ship at ambient temperature In insulated container
Genotyping <small>(HNA-1a, HNA1b, HNA1c)</small>	4-10 mL of whole blood collected in citrate, heparin or EDTA. Plasma, serum, buffy coats or lymphocyte suspensions are also acceptable.	Ship via overnight courier for weekday delivery