American Red Cross
Biomedical Services
Washington, DC 20006

American Red Cross | Blood Services

Immunohematology Consultation Request

See page 2 for instructions: Sample type, label, and shipping requirements.
CALL THE REFERENCE LABORATORY BEFORE SENDING THE SAMPLE.

Submitting Facility Information

Facility Name/ID	Request Date		
Facility Address	City	State	Zip
Blood Bank Contact	Requesting Physician		
Blood Bank Phone #	Blood Bank Fax #		

Patient Information

Name	ID	
Birth Date/Age	Race	Gender
Specimen Date	ABO/Rh	
Diagnosis	Hgb/Hct	
Medication —If yes, send medication list—	Blood bank test results —If yes, send copies—	

Patient History (Answer all questions: Yes (Y), No (N), Unknown (U) or Male (M). Complete remaining fields as applicable.)

Transfusion / Transplant History	☐ Transfusion within last 3 months # Units Dates	
	☐ Transfusion prior to last 3 months # Units Dates	
	☐ Transfused at another facility Where	
	☐ History of reactions Describe	
	☐ Known antibodies List	☐ Stem cell transplant Dates
Pregnancy History	☐ Previous pregnancy Number Dates	
Drug History	☐ RHIG given Dates	☐ IVIG given Dates
	☐ Daratumumab/Anti-CD38 given Dates	☐ Anti-CD47 given Dates

Urgency (Select one: STAT and/or after-hours charges may apply)

☐ Routine (Results needed within 2-3 days of sample receipt)
☐ Date/Time needed

Current Transfusion Need (Select one)

☐ Life threatening need ☐ Transfuse Date
☐ Surgery Date ☐ No transfusion required

☐ STAT Initial __________ I acknowledge this is a STAT request (results requested within 10 hours of sample receipt with an immediate need for transfusion). I understand that the American Red Cross may respond to a STAT order by issuing a preliminary report. Subsequent testing or review may be performed to complete the investigation. This additional testing or review may not confirm suspected antibodies or may reveal additional specificities that were not identified in the preliminary report. Once the investigation is complete, you will receive a final written report and your blood bank records should reflect the contents of the final written report.

Investigation Requested (Select all that apply)

☐ ABO/Rh typing	☐ Hemolytic disease of the fetus and newborn
☐ Positive DAT	☐ Prenatal antibody ID/titer/repeat prenatal titer
☐ Antibody identification	☐ Red blood cell phenotyping
☐ Incompatible crossmatch	☐ Test of record crossmatch (By contract/arrangement with ref. laboratory only)
☐ Suspected transfusion reaction	☐ Other Specify

Product Request (Select all that apply)

☐ Red blood cells
☐ Other Specify
☐ None

Number of units requesting

Product Attributes (Select all that apply)

☐ CMV negative ☐ Leukoreduced
☐ HgbS negative ☐ Irradiated
☐ Other Specify

Instructions

Sample Type Requirements for Antibody Identification/Crossmatch:
3 EDTA tubes (5-7 ml) and 1 clot tube (5-7 ml). If recently transfused, include pre-transfusion red blood cell sample, if available. For suspected transfusion reaction investigation, send pre- and post-transfusion samples.

Note: For questions about sample type or quantity, consult with the reference laboratory that will perform the testing. Samples submitted with insufficient volume may not be tested unless prior arrangements are made with the reference laboratory staff. No special preparation of the patient is needed prior to collecting samples.

Label Requirements:
Sample label must include:
1) Patient Name
2) Patient ID Number
3) Date Collected
4) Phlebotomist Initials/ID (if Test of Record crossmatch is requested)

Note: Improperly labeled samples will not be tested.

Shipping Requirements:
1) Do not separate the plasma from the red blood cells prior to shipment unless directed by the reference laboratory.
2) PRINT THE REQUEST AND INCLUDE A PAPER COPY IN THE SAMPLE SHIPMENT.

Note: Arrangements for sample pick up and transportation are per contract.

Reference Laboratory Telephone Contact Numbers:
Hover the computer cursor over your state below to locate the appropriate telephone contact.

Alabama	Maryland	Oregon
Arizona	Massachusetts	Pennsylvania
Arkansas	Michigan	Puerto Rico
California	Minnesota	South Carolina
Connecticut	Missouri	Tennessee
Georgia	Montana	Texas
Idaho	Nebraska	Utah
Illinois	New York	Vermont
Indiana	North Carolina	Virginia
Kansas	Ohio	West Virginia
Kentucky	Oklahoma	Wisconsin