

National Reference Laboratory for Specialized Testing Requisition Form

Submission Information - Contact the NRLST by calling (215) 451-4205 during sample receipt hours. See next page for instructions.

Laboratory Staff Contacted:	Date and Time Contacted:
-----------------------------	--------------------------

Submitting Facility Information

Facility Name/ID:	Request Date:
Address:	City: State: Zip:
Contact Name:	Requesting Physician:
Phone Number:	Fax Number:

Patient Information

First Name:	Middle Initial:	Last Name:	Patient ID:
Date of Birth/Age:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race/Ethnicity:	Sample Collection Date:
Platelet Count:	Hgb/Hct:	Specimen Type: <input type="checkbox"/> Serum <input type="checkbox"/> Plasma <input type="checkbox"/> Whole blood (EDTA or ACD)	
Diagnosis:	Medications:		
IVIG given*: <input type="checkbox"/> No <input type="checkbox"/> Yes ▶ Dates:		<i>*IVIG may interfere with testing assays. Wait 4-6 weeks after IVIG to submit a sample.</i>	

Patient History

Transfusion History	ABO/Rh: Transfusion within last 14 days? <input type="checkbox"/> No <input type="checkbox"/> Yes ▶ Products/Dates:	
	HLA Type: <input type="checkbox"/> Test results pending <input type="checkbox"/> Test not ordered	HLA Antibodies: <input type="checkbox"/> Test results pending <input type="checkbox"/> Test not ordered
Pregnancy History	Currently Pregnant: <input type="checkbox"/> No <input type="checkbox"/> Yes ▶ Delivery or Due Date:	Previous Pregnancies (#):
	Previous pregnancies affected by FNAIT? <input type="checkbox"/> No <input type="checkbox"/> Yes ▶ Details:	

NRLST Tests Requested - Select all that apply (Specimen Requirements on Page 2)

Immune-Mediated Thrombocytopenias

Immune Thrombocytopenia (ITP) <input type="checkbox"/> Immune Thrombocytopenia Panel (includes Direct Platelet Antibody Panel and Indirect Platelet Antibody Panel) <input type="checkbox"/> Direct Platelet Antibody Panel (detects platelet-associated IgG and autoantibodies)	Platelet Refractoriness <input type="checkbox"/> Platelet Refractoriness Panel (includes Indirect Platelet Antibody Panel and HPA genotyping for HPA-1 through -9, -11, and -15) <input type="checkbox"/> Indirect Platelet Antibody Panel (detect antibodies to HLA Class I, GPIV, and HPA-1 through -5 on GPIIb/IIIa, GPIb/IX, and GPIa/IIa) <i>For HLA Class I antibody screen/ID, place an HLA Service Order in Connect/BloodHub</i>
Drug-Induced Immune Thrombocytopenia <input type="checkbox"/> Platelet Antibody Drug Investigation (Please send at least 50 mg of drug sample) Implicated Drug: _____	HPA-1a (PIA1) Typing <input type="checkbox"/> HPA-1a Serologic Typing <i>NOT included in the other panels. Select if HPA-1a typing is desired.</i>
Platelet Crossmatching <input type="checkbox"/> Platelet Crossmatching for Transfusion <i>To order HLA-matched or HPA-negative platelets, place an HLA Matched order under Order Type in Connect/BloodHub. Specify HPA requirements in the comments.</i>	Post-Transfusion Purpura (PTP) <input type="checkbox"/> Post-Transfusion Purpura Panel

Fetal/Neonatal Alloimmune Thrombocytopenia (FNAIT)

Initial FNAIT Workup <input type="checkbox"/> FNAIT Evaluation with Paternal Sample <input type="checkbox"/> FNAIT Evaluation with Maternal Sample ONLY** <i>**The most thorough FNAIT workup involves testing maternal and paternal specimens for the assessment of parental incompatibility.</i>	Neonate Information (required for all FNAIT testing) Platelet count at birth: Hgb/Hct at birth: ABO: DAT: <input type="checkbox"/> Positive <input type="checkbox"/> Negative Transfusion history:
Follow-up for FNAIT Monitoring <input type="checkbox"/> FNAIT Follow-up with Maternal/Paternal Crossmatch <input type="checkbox"/> FNAIT Follow-up with Maternal Sample ONLY	Paternal Information (required if paternal sample submitted) Name: ID # DOB/Age: Race/Ethnicity: Sample Collection Date:

FNAIT evaluation includes maternal indirect and direct platelet antibody testing, crossmatch of parental samples, and parental HPA genotyping (HPA-1 through -9, -11, and -15). Additional tests may be performed based on NRLST results. If HPA-1a serologic typing is desired, check the box in the previous section.

Specialized Tests

IgA/Anti-IgA*** <input type="checkbox"/> Sensitive IgA and Anti-IgA Test <input type="checkbox"/> STAT <input type="checkbox"/> Anti-IgA Test ONLY <input type="checkbox"/> STAT	Fetomaternal Hemorrhage (FMH)*** <input type="checkbox"/> HbF Quantification by Flow Cytometry <i>***Anti-IgA test and HbF Quantification are not available for samples obtained in NYS.</i>
---	---

American Red Cross Biomedical Services Washington, DC 20006	Legacy Doc #: 16.4.frm409_W2022	Doc #: FRM-0000927
	Rev #: 3	Effective Date: 08/14/2023

National Reference Laboratory for Specialized Testing Requisition Form

Instructions for submitting samples for testing:

1. Complete page 1 of this form. For information that cannot fit in the field, send as attachment.
2. Please contact the National Reference Laboratory for Specialized Testing (NRLST) by calling **(215) 451-4205** during sample receipt hours (below) and **notify of test requests for FNAIT Panels, HPA-1a Typing, Direct Platelet Antibody Test or ITP Panel, prior to sample submission.**
 - a. Record the name of the NRLST laboratory staff notified along with the date and time of the notification on page 1.
3. Refer to the table below for specimen requirements. If sample requirements are not met, a disclaimer may be added to the final report.
4. **Ensure the samples are labeled with the collection date, specimen type (if in a transfer tube), patient's name, and date of birth or identification number.**
5. Submit the sample(s) and completed NRLST Request Form to the address below.

Penn-Jersey Region
National Reference Laboratory for Specialized Testing (NRLST)
700 Spring Garden Street, Philadelphia, PA 19123

Regional Fax # (215) 351-0179
Reginal Phone #(215) 451-4205

Sample Receipt Hours
7:00AM to 4:00PM (Monday to Thursday)
7:00AM to 12:00PM (Friday)

6. **Note: Serum and plasma from gel separator tubes cannot be used for testing. Separated and/or frozen must be shipped in plastic tubes.**

Test	Specimen Requirements and Shipping										
Indirect Platelet Antibody Panel	Specimen: 6 mL serum from plain red top tube. Separate serum from red cells into a transfer tube. Serum can be refrigerated up to 48 hours after collection but must be frozen by 48 hours of collection.										
	Temperature: Ship frozen on dry ice. Serum shipped on wet ice (not frozen) is acceptable if arriving within 48 hours of collection.										
	Additional Notes: Plasma is NOT acceptable for this assay.										
Platelet Refractoriness Panel Post-Transfusion Purpura Panel	Specimens: Serum AND whole blood are required to complete testing. <ul style="list-style-type: none"> 6 mL serum from plain red top tube. Separated serum must be frozen within 48 hours of collection but can be refrigerated if for less than 48 hours. 4 mL whole blood (EDTA). Do not spin or separate. 										
	Temperature: <ul style="list-style-type: none"> Serum: Ship frozen on dry ice. Refrigerated samples are acceptable if shipped on wet ice AND arrive within 48 hours of collection. Whole blood: Store and ship at room temperature. 										
Direct Platelet Antibody Panel HPA-1a Serologic Typing for Patients	Specimen: Whole blood (EDTA) from lavender or pink top tube. Do not spin or separate.										
	Volume Requirement: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Platelet Count (/mm³)</th> <th>Sample Required</th> </tr> </thead> <tbody> <tr> <td>> 100,000</td> <td>15 mL</td> </tr> <tr> <td>60,000 to 100,000</td> <td>25 mL</td> </tr> <tr> <td>25,000 to 59,999</td> <td>40 mL</td> </tr> <tr> <td><25,000</td> <td>The test cannot be performed</td> </tr> </tbody> </table>	Platelet Count (/mm ³)	Sample Required	> 100,000	15 mL	60,000 to 100,000	25 mL	25,000 to 59,999	40 mL	<25,000	The test cannot be performed
	Platelet Count (/mm ³)	Sample Required									
	> 100,000	15 mL									
60,000 to 100,000	25 mL										
25,000 to 59,999	40 mL										
<25,000	The test cannot be performed										
Temperature: Whole blood: Store and ship at room temperature. Samples must be received in the testing lab within 48 hours of collection.											
Additional Notes: If the patient recently received a platelet transfusion, collect the sample 4-5 days post-transfusion.											
Immune Thrombocytopenia Panel	Specimens: See specimen and shipping requirements for both Indirect and Direct Platelet Antibody Panels.										
Platelet Crossmatch Platelet Antibody Drug Investigation	Specimen: 6 mL of serum, plasma, or whole blood from plain red, lavender, or pink top tube. Separate serum/plasma from red cells into a transfer tube. EDTA whole blood does not need to be separated.										
	Temperature: Serum/plasma: Ship on wet ice if arriving within 48 hours of collection or ship frozen on dry ice. Whole blood: Ship at room temperature.										
	Additional Notes: Platelet Antibody Drug Investigation: Send a sample of the implicated drug (minimum of 50 mg). Platelet Crossmatch: The sample can be used for a maximum of 14 days from the date of collection.										
Sensitive IgA and Anti-IgA Test Anti-IgA Test	Specimen: 2 mL of serum or plasma from plain red, lavender, or pink top tube. Separate serum/plasma from red cells into a transfer tube.										
	Temperature: Ship on wet ice or if frozen, ship on dry ice.										
	Additional Notes: Must be a pre-transfusion sample or sample collected at least 6 weeks after transfusion of IgA-containing product or IVIG infusion.										
HbF Quantification	Specimen: At least 1 mL whole blood (EDTA or ACD). Do not spin or separate. Must be submitted in original collection tube promptly after specimen collection.										
	Temperature: Ship on wet ice.										
	Additional Notes: Samples received at ambient temperature will be rejected.										
FNAIT Evaluation with Paternal Sample FNAIT Evaluation with Maternal Sample ONLY FNAIT Follow-up with Maternal/Paternal Crossmatch FNAIT Follow-up with Maternal Sample ONLY	Specimen: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Initial FNAIT Evaluation</th> <th>Follow-up Monitoring</th> </tr> </thead> <tbody> <tr> <td>Maternal</td> <td>6 mL serum AND 20 mL whole blood (EDTA)</td> <td>10 mL serum</td> </tr> <tr> <td>Paternal</td> <td>20 mL whole blood (EDTA)</td> <td>20 mL whole blood (EDTA)</td> </tr> </tbody> </table>		Initial FNAIT Evaluation	Follow-up Monitoring	Maternal	6 mL serum AND 20 mL whole blood (EDTA)	10 mL serum	Paternal	20 mL whole blood (EDTA)	20 mL whole blood (EDTA)	
		Initial FNAIT Evaluation	Follow-up Monitoring								
	Maternal	6 mL serum AND 20 mL whole blood (EDTA)	10 mL serum								
Paternal	20 mL whole blood (EDTA)	20 mL whole blood (EDTA)									
Temperature: Serum: Ship serum frozen on dry ice. Serum shipped on wet ice is acceptable if arriving within 48 hours of collection. Whole blood: Ship at room temperature. Samples must be received in the testing lab within 48 hours of collection.											