Request for Immunohematological Consultation

Altru Pathology and Laboratory Services
1200 South Columbia Road, Grand Forks, ND 58201 Phone: 701.780.5140 Fax: 701.780.1897

Submitting Facility: _____ **Date:** _____ / _____ / _____

City / State: _____ **Phone:** _____ - _____ - _____ **Fax:** _____ - _____ - _____

Ordering Provider: _____ **Date / Time of Specimen Collection** ____ / ____ / ____ @ _____

Urgency of Request: ❑ Routine ❑ ASAP ❑ STAT ❑ Procedure or Transfusion scheduled for _____

PATIENT INFORMATION:

Name: _____ DOB ____ / ____ / ____ Sex: M F

Identifying Number: _____ Clinical Diagnosis: _____

Medicare / Medicaid Number: _____ Address: _____

Current Medications: _____

History of Red Cell Antibody? ❑ No ❑ Yes, specificity _____

Any previous transfusions? ❑ Unknown ❑ No ❑ Yes, number of units, date(s) _____
_____

Previous transfusion reactions? ❑ Unknown ❑ No ❑ Yes, type _____

Previous pregnancies? ❑ N/A ❑ No ❑ Yes, how many? _____
Gestational age if currently pregnant _____ weeks

Rh Immune Globulin given in the previous 6 months? ❑ Unknown ❑ No ❑ Yes, date: _____

TESTS REQUESTED:

☐ ABO/Rh

☐ Antibody Screen

☐ Crossmatch: # of units _____
Special Needs:
- ☐ Leukocyte Reduced
- ☐ Irradiated
- ☐ Other: _____

☐ Antibody Identification

☐ DAT Study

☐ Elution

☐ Red Cell Antigen Typing for: _____

☐ ABO Discrepancy Resolution

☐ Transfusion Reaction Study

☐ Fetal Bleed Screen (qualitative)

☐ Kleihauer Betke

☐ Antibody Titer

☐ Other: _____
_____
_____

FACILITY RESULTS:

Blood Type: _____ DAT: _____ Auto Control: _____

Red Cell Antibody Screen: Method: LISS PEG Albumin Gel Other: _____
Phase: RT 37°C AHG Reaction Strength: 1+ 2+ 3+ 4+

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Instructions for Submitting Sample:

1. Determine appropriate specimen type and volume.
2. All samples must be labeled with the patient's full name, unique identification number, date/time drawn and identification of phlebotomist.
3. Confirm all identifying information on the request form and specimen label are in agreement.
4. Please send any serological results performed by the submitting facility (antibody screen, panels, etc) that may provide useful information.
5. Contact Altru Transfusion and Tissue Services at 701-780-5140 with the date/time of sample arrival and method of transportation.

Test Menu / Specimen Requirements:

- For tests not listed contact Altru Transfusion and Tissue Services at 701-780-5140 for information.
- For pricing contact transfusion@altru.org or 701-780-5146.

Test (CPT code)	Sample Type	Minimum Volume
ABO/Rh (86900-ABO; 86901-Rh) Primary Test Method: Gel Secondary Test Method: tube	Whole Blood EDTA	5 mL
Antibody Screen (86850, each) Primary Test Method: Gel Secondary Test Method: tube	Whole Blood EDTA	5 mL
Crossmatch (86923-electronic, 86920-IS, 86922-AHG) Primary Test Method: electronic	Whole Blood EDTA	5 mL
Antibody Identification (86870, each panel) Primary Test Method: Gel Secondary Test Method: tube *All requests for antibody identification automatically include an antibody screen which will be performed by Altru Transfusion and Tissue Services prior to identification.*	Whole Blood EDTA	10 mL
DAT Study (86880, each) Primary Test Method: tube *Includes DAT with polyspecific AHG, IgG AHG and anti-C3b-C3d AHG*	Whole Blood EDTA	5 mL
Elution (86860) Methods available: Lui-Freeze and Glycine Acid	Whole Blood EDTA	5 mL
Red Cell Antigen Typing (86902, each) Method: tube Available antisera: C, c, E, e, K, Fy^a, Fy^b, Jk^a, Jk^b, M, N, S, s, Le^a, Le^b, P_1	Whole Blood EDTA	5 mL
ABO Discrepancy Resolution Primary Test Method: tube Secondary Test Method: Gel	Whole Blood EDTA	5 mL
Transfusion Reaction Study *Includes ABO/Rh and DAT on pre-transfusion and post-transfusion sample. Additional testing may be performed based on results of initial screening.*	Whole Blood EDTA- Pre and post transfusion sample	5 mL
Fetal Bleed Screen (86561) Method: Ortho Clinical Diagnostics kit	Whole Blood EDTA	5 mL
Kleihauer Betke (85460) Method: Sure-Tech Diagnostics stain kit	Whole Blood EDTA	5 mL
Antibody Titer (86886) Method: tube	Whole Blood EDTA	5 mL

The following testing limitations include but may not be limited to:

- For suspected cases of warm auto antibody when the patient has been transfused in the past three months, Altru Transfusion and Tissue Services will not be able to work this up due to unavailability of allogeneic adsorption procedures.
- Cold agglutinin titers are not performed by Altru Transfusion and Tissue Services.