# Immunohematology Reference Laboratory Requisition

**Versiti Illinois: Phone 630-264-7832 | Fax 630-892-8648**
**Versiti Indiana: Phone 317-916-5188 | Fax 317-916-5189**
**Versiti Michigan: Phone 616-233-8583 | Fax 616-233-8687**
**Versiti Wisconsin: Phone 414-937-6205 | Fax 414-937-6461**

NOTE: Versiti does NOT bill patients or insurance. Test orders must be placed through a medical facility that has an account with Versiti. Client # required.

## Ordering Institution Information

| | | |
|---|---|---|
| Person Completing Requisition: | Provider: | |
| Institution: Sanford Laboratories | | Client #: |
| Dept: | Address: | |
| City: | State: | Zip Code: |
| Phone (Lab): | Provider Contact (phone/email): | |

## Patient Information

| | | | |
|---|---|---|---|
| Last Name: | First Name: | MI: | DOB: |
| MR#: | Accession #: | Draw Date: | Draw Time: |
| Biologic Sex/Sex Assigned at Birth: ☐ Male ☐ Female | Ethnicity: | | |

## Patient Clinical History

| | | |
|---|---|---|
| ABO/RH: | Hgb/HCT: | Diagnosis: |
| Known Antibodies: | Indication for Transfusion: | |
| Number of Pregnancies: | History of Stem Cell Transplant? ☐ Yes ☐ No | |
| Prior Transfusions ☐ Yes ☐ No | ABO/RH of transfused units: | Date Unit(s) transfused: |

## Specimen Information

**Specimen Type:** ☐ EDTA Blood ☐ Serum (red top) ☐ Other

***Fetal Specimen Type:*** ☐ Amniotic Fluid ☐ Cultured Amniocytes ☐ CVS ☐ Cultured CVS ☐ Cord Blood ☐ DNA

## Reason for Submission – Additional Testing May Be Performed As Required. Attach Patient Results and Medication List

☐ Antibody Identification (3060) ☐ Antibody Titration (3080) ☐ Positive DAT/Elution (3020) ☐ ABO/Rh Discrepancy
☐ Crossmatch Problem (3050) ☐ Suspected HTR investigation ☐ HDFN Investigation (3100) ☐ Other (3112) _____

## Additional Testing Performed at the Wisconsin Location

☐ DAT Negative Workup **(3111)** ☐ Thermal Amplitude (3021) ☐ Donath Landsteiner (3011) ☐ Drug-Dependent RBC Antibody Study (3110)_____
☐ Red Cell Genotyping Panel (44 Antigens) (3530) ☐ Weak RhD Analysis (3040) ☐ Partial RhD Analysis (3240)

## PRENATAL Molecular Testing Performed at the Wisconsin Location – Maternal blood MUST be submitted with fetal sample

| | | |
|---|---|---|
| Maternal antibodies titer if known: | Paternal Name: | Paternal DOB: |

☐ RHD (fetal) (3872) ☐ C/c (3850) ☐ E/e (3852) ☐ K/k (3854) ☐ $Fy^a/Fy^b$ (3860) ☐ $Jk^a/Jk^b$ (3862) ☐ RhD Zygosity (Paternal) (3874)
☐ S/s (3866) ☐ M/N (3864) ☐ $Kp^a/Kp^b$ (3856) ☐ $Js^a/Js^b$ (3858) ☐ $Lu^a/Lu^b$ (3868) ☐ $Do^a/Do^b$ (3870)

## Units Requested

# Units Needed _____ ☐ CMV Neg ☐ Irradiated ☐ Compatibility Screened ☐ Other: _____

## Versiti Use Only

VERSITI USE ONLY: ☐ EDTA ☐ CITP ☐ ACBD ☐ ACDA ☐ Serum ☐ Clot ☐ Other
Evaluated By: _____

## SHIPPING FOR STANDARD WORKUPS

| | |
|---|---|
| **Versiti-IL** 1200 N. Highland Ave Aurora, IL 60506 | **Versiti-IN** 3450 N. Meridian Street Indianapolis, IN 46208 |
| **Versiti-MI** 1036 Fuller Ave NE Grand Rapids MI 49503 | **Versiti-WI** 638 N. 18th Street Milwaukee, WI 53233 |

## RECOMMENDED TUBES FOR COLLECTION – DO NOT USE TUBES THAT CONTAIN SILICONE SEPARATOR GEL

Plain red top vacutainers for clotted (serum) samples -- Lavender/Pink top vacutainer with EDTA anticoagulant

## SPECIMEN REQUIREMENTS

| SUSPECTED SEROLOGIC PROBLEM | REQUESTED AMOUNT |
|---|---|
| **Warm Autoimmune Hemolytic Anemia** – IAT Positive with all panel cells tested and a positive DAT (1+ - 4+)<br>*For patients under 20 kg body weight, sample requirements will be adjusted depending on communication with patient's physician. | **No transfusion within the past 3 months:**<br>24mL EDTA whole blood (lavender or pink top) AND<br>21mL clotted whole blood (red top)<br>**Transfused within the past 3 months:**<br>5mL EDTA whole blood (lavender or pink top) AND<br>30mL clotted whole blood (red top) |
| Antibody Identification ABO/Rh Discrepancy<br>Antibody Titration Suspected transfusion reaction<br>Crossmatch Problem Antibody Confirmation | 5mL EDTA whole blood (lavender or pink top) AND<br>21mL clotted whole blood (red top) |
| Positive DAT/Elution | 10mL EDTA whole blood (lavender or pink top) AND<br>10mL clotted whole blood (red top) |
| DAT Negative Autoimmune Hemolytic Anemia Study | 10mL EDTA whole blood (lavender or pink top) AND<br>21 mL clotted whole blood (red top) |
| Thermal Amplitude or Donath-Landsteiner Test | 5mL EDTA whole blood AND<br>21mL clotted whole blood **prewarmed and maintained at 37°C during clotting and serum separated immediately** |
| Drug-Dependent RBC Antibody Study<br>(complete the medication history listed below) | 5mL EDTA whole blood AND<br>21mL clotted whole blood (red top) and **include a sample of each suspected drug** |
| Hemolytic Disease of the Fetus and Newborn | Child – Cord blood sample (if available)<br>Mother – 5mL EDTA Whole blood (lavender or pink top)<br>AND 21 mL clotted whole blood (red top) |

| MOLECULAR TESTS | REQUESTED AMOUNT |
|---|---|
| Weak RhD Analysis / Partial RhD Analysis | 5mL EDTA whole blood (lavender or pink top) |
| Red Cell Genotyping Panel (44 Antigens) | 5mL EDTA whole blood (lavender or pink top) |
| Prenatal Genotyping | **FETAL** – 7-15mL Amniotic Fluid or 5-10mg CVS<br>**Backup Culture** (highly recommended): Two (2) T25 flasks Cultured Amniocytes or CVS (2 × 10^6 minimum)<br>**MATERNAL**: 3-5 mL EDTA whole blood for MCC (lavender top).<br>**PATERNAL**: 3-5 mL EDTA whole blood |