Patient Services - Antibody Investigation Request

Canadian Blood Services
Société canadienne du sang
4750 Oak St
Vancouver, BC,
V6H 2N9

Monday - Friday: 0800 – 1700
Phone: (604) 707-3444 Fax: (604) 874-6582
After hours urgent requests - Phone: (604) 876-7219

Date: Hospital:

Technologist: Telephone: ( ) Ext:

Samples to be transported by: * Waybill#:

Date sent: Expected date/time of arrival:

NOTE: Please fax this form to 604-874-6582 when packaging. Include original form with samples. After hours fax to 604-879-6669

Patient Information (see reverse side for specimen shipping instructions)

Sample collection date: Name: surname first name(s)

Birthdate: / / (dd / mmm / yyyy) Sex: ❑ M ❑ F PHN:

Physician: Diagnosis:

Transfusion History: Has patient been transfused in the last 3 months? ❑ Yes ❑ No

If Yes, indicate date(s) of transfusion and ABO/Rh of transfused red cells:

Reactions? ❑ Yes ❑ No **If Yes, type:**

Previous Pregnancies? ❑ Yes ❑ No **If Yes, date of RhIg admin (if within last 6 mos):**

ABO/Rh: Direct Antiglobulin Test: Poly: Anti-IgG: Anti-C_3:

Phenotype:

Previous antibodies: CBS reference no.:

Urgency	Interim Report
❑ Not Urgent ❑ ASAP ❑ Urgent	Fax to: (_____)_____

***Note:** If phenotyped donor units are required, please fax a Special Request Order Form to CBS order desk/distribution.*

Nature of problem:
❑ Unidentified Antibody ❑ Transfusion Rxn ❑ Incompatible Crossmatch
❑ ABO or Rh Typing ❑ Positive DAT ❑ Other _____

Test method used: _____

Comments:

(Additional comments see reverse)

Comments:

INSTRUCTIONS FOR SENDING BLOOD SAMPLES:

1. Please send three 7ml EDTA samples.
2. If a transfusion reaction is suspected, include pre- and post-transfusion samples.
3. Label all tubes clearly, include full name, date of birth, PHN number and date collected.
4. Include a small sample (5-10 drops) of the reactive cell or donor segments if an antibody to a low incidence antigen is suspected.
5. Please enclose copies of the crossmatch requisition, screening cell antigen profiles, panel sheets and phenotyping worksheets whenever possible.

WHEN SUBMITTING ALL ANTIBODY INVESTIGATION REQUESTS PLEASE FAX THE FRONT COPY OF THIS FORM TO 604-874-6582 AND CONTACT THE ANTIBODY INVESTIGATION LAB 604-707-3444 BY PHONE

URGENT - AFTER HOURS– FAX THIS FORM TO 604-879-6669 AND CONTACT TECH-ON CALL AT 604-876-7219