

**Requisition for Blood Group Genotyping (Patient)  
National Immunohematology Reference Laboratory (NIRL)**



Section A - Patient Information (Must be Completed)			
Surname: _____		Given Name: _____	
D.O.B: _____ yyyy/mm/dd	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	HCN/PHN	MRN:
Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> African descent <input type="checkbox"/> Hispanic <input type="checkbox"/> Aboriginal <input type="checkbox"/> Asian <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown			
Clinical Diagnosis: Pre-existing condition(s): _____			
RBC phenotype including RhD (serology): _____			
Transfusion History: Date units transfused: _____    Number of units transfused: _____    Transfusion Reaction: <input type="checkbox"/> Yes <input type="checkbox"/> No Ongoing transfusion requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Specimen Information			
Collection Date: _____		Shipment Date: _____	

Section B - Testing Information
Previously tested by NIRL: <input type="checkbox"/> No <input type="checkbox"/> Yes
Antibodies in serum (allo, auto): _____
Reason for Request: <input type="checkbox"/> Predict RBC phenotype of recently transfused patients <input type="checkbox"/> Positive direct antiglobulin test (DAT)/AIHA <input type="checkbox"/> Resolution of complex antibody identification and/or distinguish alloantibody from autoantibody <input type="checkbox"/> Confirmation of rare phenotype <input type="checkbox"/> Other (please provide additional information): _____
Required Testing <input type="checkbox"/> RhCE, Kell, Duffy, Kidd, and MNS, Diego, Dombrock (including Hy and Jo), Colton and Cartwright

Section C - Referring Facility Information:	
Name: _____	Institution: _____
Address: _____	
Phone Number: _____	Comments: _____
Fax Number: _____	
Email address: _____	
Laboratory Supervisor/Referring Physician: _____    Signature: _____ <span style="margin-left: 300px; font-size: small;">Print Name</span>	

FOR NIRL USE ONLY:	CBS Number: _____
Date and Time received: _____	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div>
Receiver Initials: _____	
Volume of EDTA received _____ mL	

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## Sample Requirement:

**NOTE:** Samples with low WBC may fail to meet requirements for DNA concentration/purity for testing. Please phone for consultation if sample is questionable.

Sample type	EDTA
Sample volume:	2 mL to 7 mL
Sample receipt at laboratory	Monday to Friday between 8:00 AM to 4:00 PM EST
Sample stability and temperature requirement	Pack & Ship Samples at 2°C - 25°C within 14 days of collection

Send copies of all related worksheets and phenotyping results  
If samples are going to arrive outside of normal business hours, please notify NIRL to make appropriate arrangements.

Blood sample label(s) should contain at least two of the following identifiers:

1.	Name
2.	Identifying number
3.	Date of birth

## Procedure for shipping sample(s):

Ship samples – 8:00 AM to 4:00 PM EST, Monday to Thursday.

- a) Fully complete the Requisition for Blood Group Genotyping for each specimen.
- b) Pack sample(s) in secure, protective wrapping to avoid breakage/leakage.
- c) If samples cannot be delivered the same day, use a cold gel pack (2°C – 6°C). During extreme cold weather conditions use a room temperature gel pack.
- d) Notify the National Immunohematology Reference Laboratory (NIRL) and provide waybill number, if applicable (see contact information below)

**DO NOT USE DRY ICE. DO NOT USE ICE PACKS**

## Shipping Instructions:

Ship ALL samples to:  
National Immunohematology Reference Laboratory  
1800 Alta Vista Drive  
Ottawa, Ontario  
Canada  
K1G 4J5

If specimen is determined to be unsatisfactory, NIRL will notify the referral facility to receive authorization for disposal of specimen and to request re-submission of a new sample.

## Direct Enquiries to NIRL:

Canadian Blood Services - NIRL  
Telephone: (613) 739-2460 or (613) 739-2292  
Fax: (613) 739-2449  
Hours of Operation:  
Monday to Friday 8:00 AM to 4:00 PM EST