

REQUEST FOR SEROLOGICAL INVESTIGATION

Test Site: Brampton –Diagnostic Services Southern & Central Ontario (DS-SCO) Ottawa - National Immunohematology Reference Laboratory (NIRL)

SECTION A - PATIENT INFORMATION: (Must Be Completed)

Surname:		Given Name:		HCN/PHN/Donation Number:	
D.O.B. (yyyy/mm/dd):		MRN/Donor ID :			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female					
Hgb: g/L	ABO:	RH:	DAT:	IgG:	C3:
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: _____					
Medication: _____					
Collection Date:			Shipment Date:		

SECTION B - TESTING INFORMATION:

Reason For Request: <input type="checkbox"/> Antibody Investigation <input type="checkbox"/> Transfusion Reaction Investigation <input type="checkbox"/> Confirmation of Phenotyping: _____ <input type="checkbox"/> Confirmation of Antibody Identification: _____ <input type="checkbox"/> Blood Group Investigation <input type="checkbox"/> Other: _____	Comments or additional information: <div style="border: 1px solid black; height: 80px;"></div>
--	---

TRANSFUSION HISTORY : (Must Be Completed)

Date Transfused: _____ Number of Units Transfused: _____

Reaction: YES NO Unknown Type (If Yes): _____

Ongoing Transfusion Requirement?: YES NO Transfused last 3 months? YES NO

Previous Known Antibodies: _____

Red Cell Phenotype (if Known): _____

Obstetrical History: G _____ P _____ A _____ Prenatal? YES NO

Rhlg Administered?: YES Date: _____ No Previous HDFN?: YES NO

SECTION C - REFERRING FACILITY INFORMATION: (Must Be Completed)

Name:	Institution :
Address:	URGENCY: <input type="checkbox"/> Routine <input type="checkbox"/> ASAP (5 business days) <input type="checkbox"/> Urgent (2 business days) <input type="checkbox"/> Blood Required
Phone Number:	
Fax Number:	Preliminary Report Required <input type="checkbox"/> YES <input type="checkbox"/> NO
Email address:	

SECTION D - FOR CBS USE ONLY: (SAMPLE INFORMATION)

Date and time received: _____ CBS Sample Number: _____

Received by: _____

Sample Type Received: EDTA WB EDTA PC Plasma Segment Other

Volume: _____ ml. _____ ml. _____ ml.

REQUEST FOR SEROLOGICAL INVESTIGATION

Number of samples received: _____

Preservative solution added:

Sample Requirement

Sample type	EDTA
Sample volume:	5 mL – 10 mL
Sample receipt at laboratory: Brampton (DS-SCO):	Anytime
Ottawa (NIRL):	Monday to Friday between 08:00 AM to 4:00 PM EST
Sample stability and temperature requirement	Pack & Ship at 4° C to 25° C within 14 days of collection

Send copies of all worksheets related to:

- All related phenotyping results
- All corresponding antibody investigations (panel workup)

If samples are going to arrive outside of normal business hours, please notify laboratory to make appropriate arrangements.

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

1.	Name
2.	Identifying number (HCN/PHN)
3.	Date of birth

Procedure for shipping sample(s):

a)	Fully complete the Request for Serological Investigation 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 CBS Laboratory and provide waybill number, if applicable. (See contact information below)

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

Shipping Addresses :

Canadian Blood Services Diagnostic Services Southern & Central Ontario (DS-SCO) Red Cell Serology Reference Laboratory 100 Parkshore Drive Brampton, Ontario Canada L6T 5M1	Canadian Blood Services National Immunohematology Reference Laboratory (NIRL) 1800 Alta Vista Drive Ottawa, Ontario Canada K1G 4J5
---	---

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

Direct Enquiries to:

Canadian Blood Services – DS-SCO Telephone: 905-494-5295 Fax: (905) 494-8131 Hours of Operation: > Monday to Friday 07:30 AM to 8:00 PM	Canadian Blood Services - NIRL Telephone: (613) 739-2460 or (613)-739-2292 Fax: (613) 739-2449 E-mail: NIRL@blood.ca Hours of Operation: > Monday to Friday 8:00 AM to 4:00 PM EST
---	--