REQUEST FOR SEROLOGICAL INVESTIGATION

Send to: □ Diagnostic Services Southern & Central Ontario (DS-SCO) □ National Immunohematology Reference Laboratory (NIRL)

SECTION A - PATIENT INFORMATION: (MUST BE COMPLETED)

Surname: ____________________________ Given Name: ____________________________ Middle Name: ____________________________

D.O.B. (yyyy/mm/dd): ____________________________ MRN/Donor ID: ____________________________

Gender: □ Male □ Female

Hgb: g/L ABO: ____________________________ Rh: ____________________________ DAT: ____________________________

IgG: C3: ____________________________

Ethnicity: □ Arabic □ Asian □ Black □ Indigenous □ Latin-American □ South Asian □ White □ Other ____________ □ Unknown

Clinical Diagnosis: ____________________________

Medication: ____________________________

Collection Date: ____________________________ Shipment Date: ____________________________

SECTION B - TESTING INFORMATION:

Reason for Request:
□ Antibody Investigation
□ Transfusion Reaction Investigation
□ Confirmation of Phenotyping:
□ Confirmation of Antibody Identification:
□ Blood Group Investigation
□ Other: ____________________________

Comments or Additional Information: ____________________________

TRANSFUSED/TRANSPLANT HISTORY: (MUST BE COMPLETED)

Transfused Last 3 Months? □ YES □ NO Date Transfused: ____________________________ Number of RBC Units Transfused: ____________

Other Blood Product(s): □ Plasma □ Platelet □ Fractionation Product(s)

Transfusion Reaction: □ YES □ NO □ Unknown Type (If Yes): ____________________________ Ongoing Transfusion Requirement? □ YES □ NO

Transplant History: □ YES □ NO □ Unknown Type: □ Bone Marrow (Stem Cell) □ Solid Organ □ Other: ____________________________

Transplant Date: ____________________________

Previous Known Antibodies: ____________________________

Red Cell Phenotype: ____________________________ □ Attach Phenotype LIS Report/Printout

Obstetrical History: G _______ P _______ A _________

Rhogam Administered?: □ YES Date: ____________________________ □ NO Previous HDFN?: □ YES □ NO

SECTION C - REFERRING FACILITY INFORMATION: (MUST BE COMPLETED)

Name: ____________________________

Institution: ____________________________

Address: ____________________________

URGENCY: □ Routine □ ASAP (5 Business Days) □ Urgent (2 Business Days)

Phone Number: ____________________________

Fax Number: ____________________________

Email address: ____________________________

Preliminary Report Required: □ YES □ NO

SECTION D - FOR NIRL USE ONLY:

Date and Time Received: ____________________________ CBS Sample Number: ____________________________

Receiver Initials: ____________________________

Sample Type Received: □ EDTA WB □ EDTA PC □ Plasma □ Segment □ Other □

Volume: ml. ml. ml.

Number of Samples Received: ____________________________

Preservative Solution Added: Yes □ No □

Public

Page 1 of 2

F800437 (2019-08-26)
REQUEST FOR SEROLOGICAL INVESTIGATION

Sample Requirement:

<table>
<thead>
<tr>
<th>Sample type</th>
<th>EDTA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sample volume:</td>
<td>5 mL – 10 mL</td>
</tr>
<tr>
<td>Sample receipt at NIRL:</td>
<td>Anytime</td>
</tr>
<tr>
<td>Sample stability and temperature requirement</td>
<td>Pack &amp; Ship at 4°C to 25°C within 14 days of collection</td>
</tr>
</tbody>
</table>

Send copies of all worksheets:
- All related phenotyping results (attach LIS report)
- 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) must contain two unique identifiers:

1. Full Name
2. Identifying Number (HCN/PHN)

If HCN/PHN is not available, MRN or Hospital Number may be acceptable.

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.

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 Address:

Canadian Blood Services
National Immunohematology Reference Laboratory (NIRL)
100 Parkshore Drive
Brampton, Ontario
Canada
L6T 5M1

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:

Canadian Blood Services
National Immunohematology Reference Laboratory (NIRL)
Telephone: (905) 494-5295
Fax: (905) 494-8131

Hours of Operation: Monday to Friday 07:00 AM to 08:00 PM ET, Saturday 07:00 AM to 03:00 PM ET