

Diagnostics Services Laboratory Edmonton Site

8249 114 Street T6G 2R8

Phone: 780-431-8765 Fax: 780-431-8779



Canadian Blood Services
it's in you to give

Request for Serological Investigation

Patient	PHN/ULI		Hospital Number		D.O.B. (YYYY-MM-DD)		
	Last Name		First Name		BBIN		
	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Hgb	ABO/Rh	DAT		
	Clinical Diagnosis						
	Known Antibodies			Pregnant last 3 months? <input type="checkbox"/> No <input type="checkbox"/> Yes		RhIG given? <input type="checkbox"/> No <input type="checkbox"/> Yes Date:	
	Transfused last 3 months? <input type="checkbox"/> No <input type="checkbox"/> Yes Date Transfused:			Stem Cell/Bone Marrow transplant? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Allogeneic Transplant Date:			
Requestor	Facility Name		Phone		Fax		
	Address		Referring Physician				
	Facility Testing Method <input type="checkbox"/> LISS <input type="checkbox"/> PEG <input type="checkbox"/> Other (specify) <input type="checkbox"/> MTS Gel <input type="checkbox"/> Solid Phase						
Specimen	Date collected (YYYY-MM-DD)		Time collected (24 hour clock)		Collected by		
	Mode of Transport			Expected date/time of arrival:			
	<input type="checkbox"/> Minimum of two 7 ml EDTA specimens sent. <input type="checkbox"/> Notify Edmonton Diagnostic Services. Fax completed requisition to 780-431-8779 or phone 780-431-8765.						
Testing Required	Reason for Request (Attach serological worksheets / antigram)						
	<input type="checkbox"/> Antibody Investigation <input type="checkbox"/> Fetal Bleed Screen <input type="checkbox"/> ABO/Rh Investigation <input type="checkbox"/> Postnatal Investigation (submit both mother and cord sample) <input type="checkbox"/> Direct Antiglobulin Test						
	Is Blood Required? <input type="checkbox"/> No <input type="checkbox"/> Yes # of units: _____ <input type="checkbox"/> Irradiated <input type="checkbox"/> Phenotyped Date required: _____						
	NOTE: Customer to order blood through Product Distribution. Fax (780) 433-4478						
If submitting segments, send a minimum of 2 segments per unit, labeled with the donation number. List donation, segment #'s below.							
Donation (Unit) #		Segment #		Donation (Unit) #		Segment #	

Comments:

All information must be completed or testing will not be performed.

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Patient History Check: Initial: _____ No History

Historical ABO/RH: _____ Known Antibodies: _____

NetCare: _____ Back File: Attached Offsite

Reviewed By: _____ Date: _____

Canadian Blood Services Label