

Request for RED CELL IMMUNOHAEMATOLOGY INVESTIGATION

Red Cell Immunohaematology Laboratory, Dublin

Contact: rci@ibts.ie Tel: 01-4322972 (8.30-7pm) 01-4322800 (Out of Hours) Fax: 01-4322709

**PATIENT DETAILS**

Surname: _____

First Name: _____

D.O.B.: ____/____/____ Hospital Number: _____

Address: _____

Hospital: _____ Gender: Male Female

Ethnic Origin: _____ Consultant & Contact Information: _____

Referring Hospital Lab Reference No.

IBTS Number

CLINICAL INFORMATION / TRANSFUSION HISTORY

Clinical Condition: _____

Transfusion History: No History: Unknown: Previously Transfused: Date of last transfusion: ____/____/____Haemoglobin Level: _____ g/dL ON ____/____/____ Has the patient ever had a transplant: Yes No

Blood Group: _____ Phenotype: _____ DAT: _____

Current Antibody/ies: _____ Historical Antibody/ies: _____

Medication: _____ Current Transfusion Protocol: _____

*Please send copies of your serological investigations***INVESTIGATIONS REQUIRED**

TESTS	PLEASE TICK
ABO Anomaly Investigation	
Extended Phenotyping	
Direct Antiglobulin Test	
Eluate	
Antibody Investigation	
Investigation of AIHA + DAT	
Investigate monoclonal Ab interference	
Transfusion Reaction Investigation	
Other / Additional Information:	
CROSSMATCH REQUEST	
No. of units required	
Date & Time required	
CMV Negative	YES NO
Irradiated	YES NO

ANTENATAL REFERRALS

Patient Details	Tests Required
Pregnant: Yes No	Anti - D Quantitation <input type="checkbox"/>
EDD:	Anti-c Quantitation <input type="checkbox"/>
Previous IUT: Yes No If yes, date: _____	Antibody Titration <input type="checkbox"/> (Specify antibody) _____
Anti-D Ig: Yes No If yes, date: _____	Serological RhD Investigation <input type="checkbox"/> (cord samples only)
History of HDFN:	Phenotype <input type="checkbox"/>
Partner's phenotype:	Eluate <input type="checkbox"/>

RCI USE ONLY – SPECIMEN LABELLED

Surname: _____

First Name: _____

D.O.B.: ____/____/____ Hospital No. _____

Lab Reference No.: _____

Date on Sample: ____/____/____ Time: _____

Sample Number: _____ Sample Type: **EDTA CLOTTED**Data Check: _____ File & History Check: **NIF ATT**

Verification Check: _____/____ Date: ____/____/____

Suitable for Testing: **Yes No** Sample signed: **Yes No**If NOT: Hospital Contacted: **Yes** Date & Time: _____Historical Ab/Genotype Check & Protocol Update: **Yes****DECLARATION**

I have checked that this sample complies with the labelling requirements as per the Customer Manual for the Red Cell Immunohaematology Laboratory.

Print Name: _____

Signature: _____ Date: ____/____/____

Please treat as an Emergency: Yes No**Signed: _____ Date: ____/____/____****RCI MUST BE PHONED IF REQUEST IS URGENT**

SAMPLE REQUIREMENTS

- RCI will **NOT** test samples unless three or more identical points of identification are used on both forms and specimen tubes.
- Samples **MUST** be labelled, dated and signed by the person taking them.
- Labels that are printed 'on demand' **next to the patient** and immediately attached to the sample tube at the time of phlebotomy, by the individual who took the blood sample are acceptable.
- Addressograph labels are **NOT** acceptable on samples.
- Samples should **NOT** be used for any other testing before referral.
- Please ship all samples at ambient temperature (18-25°C).
- Samples **MUST** be fresh enough on receipt at RCI to allow testing within 7 days of venepuncture. For patients transfused or pregnant in the last 3 months, samples must be taken NOT >72hours before transfusion.

This form and both the laboratory and customer manuals can be found at:

<https://www.giveblood.ie/Clinical-Services/Red-Cell-Immunohaematology-Diagnostics>

Test Required	Sample Type	Recommended Minimum Volume Required
ABO Anomaly Investigation	EDTA	1 x 6mL
Extended RBC phenotype	EDTA	1 x 6mL
Direct Antiglobulin Test	EDTA	1 x 6mL
Eluate	EDTA	1 x 6mL
Antibody Investigation	EDTA	2 x 6mL
Investigation of AIHA +DAT	EDTA	2 x 6mL
Investigate monoclonal Ab interference	EDTA	2 x 6mL
Transfusion Reaction Investigation Pre Transfusion Post Transfusion	EDTA Clotted & EDTA	Pre transfusion sample & segments from units 1 + 1 x 6mL
Anti-D quantitation	EDTA	1 x 6mL
Anti-c quantitation	EDTA	1 x 6mL
Antibody Titration	EDTA	1 x 6mL
Serological RhD Investigation (<i>cord sample</i>)	EDTA	1 – 3mL
Paternal phenotyping	EDTA	1 x 6mL

For any other investigations, please contact the RCI laboratory to discuss.

Postage packaging must comply with the Carriage and Packaging of Dangerous Goods Act and please use the address labels for sample boxes which can be found at:

<https://www.giveblood.ie/Clinical-Services/Red-Cell-Immunohaematology-Diagnostics/Address-labels-for-Sample-Boxes/>.

Additional Information:

Date and Time Received at RCI