

# Request for RED CELL IMMUNOHAEMATOLOGY INVESTIGATION

BT - 0345 [4]

Red Cell Immunohaematology Laboratory, National Blood Centre, James' Street, D08 NH5R  
 Contact: rci@ibts.ie Tel: 01-4322972 (7am-7pm Monday to Friday) 01-4322800 (Out of Hours)



## PATIENT DETAILS

Surname: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_ Hospital Number: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Hospital: \_\_\_\_\_ Sex: **Male**  **Female**   
 Ethnicity: \_\_\_\_\_ 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 date \_\_\_\_/\_\_\_\_/\_\_\_\_ 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 serological investigations workup & compatibility request form if applicable*

**All urgent and crossmatch requests must be phoned in advance to the RCI Laboratory**

### INVESTIGATIONS REQUIRED

Tests	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:	

### ANTENATAL REFERRALS

Patient Details	Tests	Tick
Pregnant: <b>Yes</b> <b>No</b>	Anti-D quantitation	
EDD: ____/____/____	Anti-c quantitation	
Previous IUT: <b>Yes</b> <b>No</b> If yes, date: ____/____/____	Antibody Titration	
Anti-D Ig: <b>Yes</b> <b>No</b> If yes, date: ____/____/____	Serological RhD Investigation <i>(cord samples only)</i>	
History of HDFN: _____	Phenotype	
Partner's phenotype: ____	Eluate	

### CROSSMATCH REQUEST

No. of units required	
Date & Time required	
<b>CMV Negative</b>	<b>YES NO</b>
<b>Irradiated</b>	<b>YES NO</b>

### 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: \_\_\_\_/\_\_\_\_/\_\_\_\_

For MedLIS specimens provide ID of sample taker: \_\_\_\_\_

For Meditec samples provide date/time taken: \_\_\_\_\_

Sample urgency: Routine Urgent

**Please treat as an Emergency: Yes No**

**Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_**

**RCI MUST BE PHONED IF REQUEST IS URGENT**

### 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: \_\_\_\_\_

MedLIS specimen label attached **Yes No**

Meditec specimen label attached **Yes No**

Historical Ab/Genotype Check & Protocol Update: **Yes**

## 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 the customer manuals can be found at:**

<https://healthprofessionals.giveblood.ie/clinical-services/transfusion-transplantation/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://healthprofessionals.giveblood.ie/clinical-services/transfusion-transplantation/red-cell-immunohaematology-diagnostics/address-labels-for-sample-boxes/>

**Date and Time Received at RCI**