

**TESTING REQUEST FORM FOR: HLA MATCHED PLATELETS/CROSS-MATCHED (CXM)
PLATELETS /PLATELET ANTIBODY SCREEN**

HOSPITAL: _____ **Today's Date:** _____

Blood Bank Phone # _____ Fax # _____

Name of Contact Person: _____ Phone/Beeper # _____

PRODUCT REQUESTED: Cross Matched Platelets HLA Matched Platelets

TESTING REQUESTED: Platelet Antibody Screen Hold Sample for Future Testing

CMV Neg Platelets: Yes No Irradiated: Yes No Non Type specific acceptable: Yes No

Dates and Amount requested for Platelet Transfusion: _____

Will accept CXM platelets (if HLA matched platelets are unavailable or unsuitable): Yes No

Delivery: Stat Routine (Stat delivery needs approval for Cab) Person approving Cab _____

PATIENT INFORMATION: Name _____ SS or MR# _____

Date of Birth _____ Male Female CMV status: Neg Pos unknown

Blood Type: ABO _____ Rh _____ HLA Type: A _____ B _____

Prior Pregnancy: Yes No Not Known **Diagnosis:** _____ Is the pt currently receiving chemotherapy? Yes No

Current Platelet Count: _____ Date: _____ **Active bleeding:** Yes No Site: _____

Transfusions History: # of Platelet Transfusions _____ most recent dates(s) _____

Prior HLA/Platelet Antibody Screen: No Yes Date _____ Results _____

CLINICAL INFORMATION: Are there other factors contributing to platelet refractoriness? (check all that apply): Fever Infection Patient on anti-fungal therapy Enlarged spleen Evidence of DIC

Please Call Client Services Department at 866-628-1HLA (1452) or 516-478-5570 for questions and forms.

FAX Form to Client Services at (516) 478-5590, 5591 or 5592.

Please send specimens with copy of this form to: LIBS Reference Laboratory, Long Island Blood Services, 1200 Prospect Avenue, Westbury NY 11590. Please call LIBS Reference Laboratory at (516) 478-5160.

Label all specimens clearly, include name, sex, hospital name, SS# or MR#, and date / hour drawn.

- Specimens required for: Antibody Testing: 1-10 ml clotted tube (**no gel**) or serum (on ice)
Cross Matched Platelets: 1-10ml clotted tube (**no gel**) or serum (on ice)
- Specimens must be less than 48 hrs old when received for testing.
- Specimens will be accepted: Monday – Friday @ 0800 – 2000 hrs / Saturday 0800 – 1400 hrs.
- Specimens arriving after these hours will be held for testing.

NYBC Physician Review:

Reviewed by: _____ M.D. Date: _____

LIBS USE ONLY

DATE SPECIMAN RECEIVED: _____
TIME SPECIMEN RECEIVED: _____
CONDITON OF SPECIMEN: _____
RECEIVING TECH: _____
TESTING TECH: _____
REVIEWED BY: _____
DATE: _____

RESULT: ANTIBODY TEST: _____ POS _____ NEG
NUMBER OF CELLS REACTIVE _____ OF 13 CELLS
CHLOROQUINE SENSITIVE: _____ Y _____ N _____ NA

CALLED TO: _____
BY: _____
DATE: _____ HRS: _____

△ **New York** Blood Center

Testing Request Form For HLA Matched Platelets/Crossmatched (CXM) Platelets/Platelet Antibody Screen Instructions

Requesting Facility

Hospital	Enter hospital requesting product
Today's Date:	Enter date of submission of order
Blood Bank Phone #	Enter requesting department's phone number
Fax #	Enter requesting department's fax number
Name of Contact Person	Enter contact person's name
Phone/Beeper #	Enter phone or beeper number of contact person
Product Requested	Enter product requested
Testing Required	Enter testing requested, platelet antibody screen or if HLA request check box and submit sample to be held for further testing if HLA product is not available.
CMV Neg Platelets	Check appropriate box
Irradiated?	Check appropriate box
NonType specific Acceptable	Check appropriate box
Date/Amount of Crossmatch Platelet requested	Enter dates product is required and the number of crossmatch platelets requesting
Will accept CXM platelets (if HLA matched platelets are unavailable or unsuitable)	Check appropriate box
Delivery	Check appropriate box
Patient Information	Enter patient name
SS# or MR#	Enter social security number or medical number of patient
Date of birth	Enter patient's date of birth
Male/Female	Check appropriate box
Blood Type	Enter ABO and Rh of patient
HLA Type	Enter HLA type requested
Prior Pregnancy	Check appropriate box
Diagnosis	Enter diagnosis of patient
Is patient currently receiving chemotherapy?	Check appropriate box
Current platelet count	Enter patient's platelet count
Active bleeding	Check appropriate box, identify site of bleed
Transfusion History	Enter # of platelet transfusions and dates
Prior HLA/Platelet Antibody Screen	Check appropriate box and enter results of testing
Clinical Information Are there factors contributing to platelet refractoriness	Check all that apply