

Immunochemistry Consultation Request

California Clinical Lab ID# CLF1236
CLIA No. 05D643088



San Diego Blood Bank

3636 Gateway Center Ave., Ste. 100
San Diego, CA 92102
(619) 400-8257, 400-8211
FAX (619) 400-8383

INSTRUCTIONS:

1. Please call the Reference Laboratory before sending specimens.
2. Submit 10-20cc of clotted blood and 10-20cc of anticoagulated blood.
For recently transfused patients, submit pretransfusion red cells if available.
3. Send blood in stoppered tubes that prevent leakage. Do not use tubes with serum separators.
4. Label each tube with patient's first and last names, DOB or MR#, date and time of collection.
5. Complete each item on this form, and attach a copy of your test results.
6. Mark the container "ATTN: REFERENCE LAB".

Improperly Labeled Tubes Will Not Be Tested

PATIENT INFORMATION

Patient Name: _____ DOB: _____ MR#: _____
Sex: _____ Ethnicity: _____ Hemoglobin /Hematocrit: _____ Date Specimen Collected: _____
Clinical Diagnosis: _____ Ordering Physician (required): _____
Medications: _____

TRANSFUSION and PREGNANCY HISTORY

Transfusion History: Within last 3 months, dates: _____
Prior to last 3 months, dates: _____
No. of Pregnancies: _____ Pregnant Now? _____ Due Date: _____ History of HDN? _____
Has the patient received Rh Immune Globulin? _____ Date of injection: _____

CONSULTATION HISTORY

Referred to any other consultation lab? NO YES (where and date) _____
Results _____

TEST(S) / INVESTIGATION REQUESTED

- ABO-Rh typing Antibody Identification Transfusion Reaction
 Direct Antiglobulin Test Hemolytic Disease of the Newborn Red Cell Antigen Profile-Molecular
(consult lab for sample requirements)
 Platelet Crossmatching
 Other _____

RESULTS OF YOUR STUDIES

ABO-Rh Groups: _____ Direct Antiglobulin Test: _____
Antibodies Identified: Historically _____ Currently _____
Test Method: LISS PEG GEL OTHER please list _____
Blood components requested? NO YES Quantity & Type _____ Date & time needed _____

REQUESTING HOSPITAL :

PHONE REPORT TO: