

North Central Blood Services
100 South Robert Street
St. Paul, MN 55107

Request for Neutrophil Laboratory Services



Neutrophil Laboratory:

Phone: (651) 291-6797 - Local (855) 216-9202 – Toll-Free
Fax: (651) 291-3233
Website: www.redcrosslab.org

Neutrophil Laboratory Use Only:

Date: _____ Time: _____ Initials: _____
Condition: _____ Stored: _____
Accession#:

See page 2 for instructions, sample types, labeling and shipping requirements

Patient/Donor Information:

Name _____ Age/DOB _____
Patient ID/MR# _____
Gender _____ male _____ female
Institution _____
Department/Address _____
City/State/ZIP _____
Phone _____ Fax _____
Contact Name _____

Specimen Information:

Collection date _____
Specimen type (check one)
____ serum
____ plasma anticoagulant type _____
Physician _____
Reports: ____ mail ____ fax

Clinical Conditions:

___ Autoimmune Neutropenia
___ Alloimmune Neonatal Neutropenia
___ Drug Dependent Neutrophil Antibody
___ Diagnosis Unspecified

Choose test(s) from list below

TRALI Investigation: (Transfusion-Related Acute Lung Injury)

___ Donor
___ Recipient
**Please specify Donor or Recipient*

Choose test(s) from list below

Test Requests:

Recommended Testing - Clinical Neutropenia:
___ Neutrophil Antibody Identification

Additional Specialized Testing:

___ MAINA
(Monoclonal Antibody Immobilization of Neutrophil Antigens)
___ Neutrophil Crossmatch
___ Drug Dependent Neutrophil Antibody
___ HLA Class I antibody screen
___ Antigen Phenotyping
(HNA-1a, 1b, 1c, 2, 3a, & 4a)
___ Genotyping (Select all that apply)
____ HNA-1a/1b/1c
____ HNA-3a/3b
____ HNA-4a/4b
____ HNA-5a/5bw

Test Requests:

Recommended Testing – TRALI Investigation:
___ Neutrophil Antibody Identification

-and-

HLA Class I and Class II Antibody (choose one):
___ Screen Only
___ Screen + Single Antigen ID (if screen is positive)

Additional Specialized Testing:

___ MAINA (differentiation of HNA antibodies from HLA Class I antibodies)
___ Neutrophil Crossmatch
___ Antigen Phenotyping
___ Genotyping (Select all that apply)
____ HNA-1a/1b/1c ____ HNA-3a/3b ____ HNA-4a/4b ____ HNA-5a/5bw

Instructions to submit samples for Neutrophil antibody testing:

1. Refer to table below for specimen requirements.
2. Label tube with patient name, a second identifier (Date of Birth or Medical Record Number) and the collection date.
3. Complete page 1 of this form and include it with the sample tube(s).
4. Refer to table below for shipping requirements. Specimens must be shipped according to federal and local requirements for Shipping Biological Substances Category B.

Shipping Address:

Neutrophil Serology Laboratory
 North Central Blood Service
 100 South Robert Street
 St. Paul, MN 55107

Business Hours: 8:00 AM – 4:30 PM Mon-Fri
 Phone: (651) 291-6797 or (855) 216-9202
 Fax: (651) 291-3233
 Website: www.redcrosslab.org

Test	Collection & Handling	Shipping
Neutrophil Antibody Identification	Minimum of 500 µL of serum or plasma: <ul style="list-style-type: none"> • Serum from a red top tube • Plasma – EDTA or anticoagulant used in blood collection are acceptable. Segments and PPT tubes are NOT acceptable. Separate from cells and freeze immediately	Ship frozen (on dry ice) Via overnight courier Send samples on Mon. - Thurs. to ensure weekday delivery.
MAINA <small>(only performed in conjunction with an Neutrophil Antibody Screen)</small>	Minimum of 500 µL of serum or plasma. <small>(Collection and handling per Antibody Screen requirements.)</small> Separate from cells and freeze immediately	Per Antibody Screen Requirements
HLA Class I and Class II Antibody	Minimum of 1 mL of serum <small>(Collection and handling per Antibody Screen requirements.)</small> Separate from cells and freeze immediately	Per Antibody Screen Requirements
TRALI Work-up	Minimum of 2 mL serum <small>(Collection and handling per Antibody Screen requirements.)</small> Separate from cells and freeze immediately	Per Antibody Screen Requirements
*Drug Dependent Neutrophil Antibody <small>*Call lab (651) 291-6797 before sample collection</small>	1. Minimum of 500 µL of serum or plasma. <small>(Collection and handling per Antibody Screen requirements.)</small> Separate from cells and freeze immediately 2. 2-5 mg of each drug of interest	Per Antibody Screen Requirements
*Neutrophil Crossmatch <small>*Call lab (651) 291-6797 before sample collection</small>	<u>Sample 1.</u> Minimum of 500 µL of serum or plasma. <small>(Collection and handling per Antibody Screen requirements.)</small> Separate from cells and freeze immediately <u>Sample 2.</u> 14 – 28 mL of EDTA whole blood maintained at ambient temperature. DO NOT separate plasma from cells.	<u>Sample 1:</u> Serum/plasma Per Antibody Screen Requirements <u>Sample 2:</u> Cells Ship at ambient temperature In insulated container. Must be received within 24 hours.
*HNA Phenotyping (HNA-1a, 1b, 1c, 2, 3a & 4a) <small>*Call lab (651) 291-6797 before sample collection</small>	14 – 28 mL of EDTA whole blood maintained at ambient temperature. DO NOT separate plasma from cells.	Ship at ambient temperature In insulated container Must be received within 24 hours.
*HNA Genotyping <small>*Call lab (651) 291-6797 before sample collection</small>	4 or 6 mL of whole blood collected in citrate or EDTA anticoagulant. Store at refrigerated temperature. DO NOT separate plasma from cells.	Ship via overnight courier for weekday delivery