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| American Red Cross National Molecular Laboratory Philadelphia, PA 19123 Ph. (215) 451-4917 Fax (215) 451-2506 | <h1>Request for Molecular Testing</h1> | ML6/frm2 v1.0 |
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Sample Information (Please Print) *Attach copies of serologic investigation*

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| Sample Type: | | | |
| <input type="checkbox"/> Whole blood | <input type="checkbox"/> Amniocytes | <input type="checkbox"/> Buccal swab | <input type="checkbox"/> DNA _____ (ng/μl) |
| Subject Type: | | | |
| <input type="checkbox"/> Patient | <input type="checkbox"/> Donor | <input type="checkbox"/> Other _____ | |
| Last Name: | | First Name: | |
| Patient ID # or DIN: | | DID#: | DOB: |
| Date/Time Sample Collected: | | Gender: <input type="checkbox"/> M <input type="checkbox"/> F | |
| Race (REQUIRED): | OB History: | Diagnosis: | |
| Brief Transfusion History: | | Rh phenotype (serologic): | |
| Additional Antigen Typing: | | Antibody ID: | |
| Typing Discrepancy? <input type="checkbox"/> N <input type="checkbox"/> Y If Y, explain: | | | |

Shipping Facility Information

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| Facility Name: | Facility Code: |
| Facility Address: | |
| Physician Name: | Telephone #: |
| Contact Person: | Telephone #: |

Ordering Facility (if different from above)

| | | |
|-------------------|----------------|--------|
| Facility Name: | Facility Code: | |
| Facility Address: | | |
| Physician Name: | Telephone #: | |
| Send Results to: | Fax #: | Email: |

Testing Requested (see sample requirements and shipping information on the back)

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| <p>Red Cell Antigen Prediction</p> <p><input type="checkbox"/> HEA panel (includes C/c, E/e, V, VS, KEL, FY, JK, MNS including U and U variant, LU, DI, CO, DO, LW, SC)</p> <p><input type="checkbox"/> D variants <input type="checkbox"/> C variants <input type="checkbox"/> E variants</p> <p> <input type="checkbox"/> c variants <input type="checkbox"/> e variants (hr^B status)</p> <p><input type="checkbox"/> D, C/c, e/E variants (recommended for sickle cell disease)</p> <p>Note: all variant testing includes common alleles (C/c, E/e)</p> <p><input type="checkbox"/> RHD zygosity with common alleles (C/c, E/e)</p> <p>Note: Does not include variant testing</p> <p><input type="checkbox"/> ABO Variants (contact the lab for more information)</p> <p><input type="checkbox"/> ABO Common subtypes (A₁, A₂, B, O₁, O₂)</p> <p><input type="checkbox"/> Other _____</p> | <p>Platelet Antigen Prediction</p> <p><input type="checkbox"/> HPA panel (HPA 1 through 9, 11, and 15)</p> <p><input type="checkbox"/> HPA-1a/1b</p> |
|--|---|

Form Completed By (Name and Date): _____

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Sample Requirements and Shipping Information

All samples and the Request for Molecular Testing form **must** be clearly labeled with the full name of the individual or WBN and a unique identification number. The information on the tube must match the information on the request form.

Sample labels should also include date and time of collection.

Sample Requirements

Samples less than 10 days old are preferred. DNA yield of older specimens may be low or QNS.

Whole Blood: **5-10 ml** EDTA (lavender top) or ACD type A (yellow top) whole blood tube.

If submitting pre- and post-transplant samples, clearly label them as such and submit separate request forms.

Amniocytes: **1-5 ml** amniotic fluid or **1-5x10⁶** cultured amniocytes. A maternal blood sample is required when submitting fetal sample. Submit with separate request forms.

Buccal swabs: Please call the National Molecular Laboratory to request buccal swabs.

Restrictions

Lithium heparin sample tubes are **NOT** acceptable for testing.

Leukoreduced samples **DO NOT** yield acceptable DNA quantities for testing.

Samples without sufficient information for unique identification will be rejected.

Shipping Requirements

Whole blood sample can be shipped at room temperature or refrigerated using ice packs or wet ice sealed in plastic bags, according to DOT regulations for biological specimens.

DNA, amniocytes and buccal swabs **must** be shipped refrigerated using ice packs or wet ice sealed in plastic bags, according to DOT regulations for biological specimens.

Wrap samples in absorbent materials to safeguard from freezing or breakage.

Ship all samples "Next Day" delivery.

Shipping Address

American Red Cross

National Molecular Laboratory

700 Spring Garden Street

Philadelphia, PA 19123

Laboratory Phone #: 1-215-451-4917

Fax #: 1-215-451-2506 or 1-215-451-4925

E-mail: NationalMolecular@redcross.org