

Doc No: ARC-DOC-018729	Subdiv: 16 – Clinical Transfusion Services	Doc Level: 4 - Tool or Supporting Document	ARC Version: 1.2
Level 4 Subtype: Form	Training Subtype:	Mang Fac: North Central	

American Red Cross Washington, DC 20006	Form: Request for Platelet Testing	
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Platelet Laboratory:

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

Platelet Laboratory Use Only:

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

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

Patient Information:

*Name _____ *DOB _____
 *Patient ID/MR# _____
 *Gender ___ male ___ female
 *Institution _____
 Department/Address _____
 *City/State/ZIP _____
 Contact Name _____ Phone _____
 * **Required Information**

Specimen Information:

*Collection date _____
 *Specimen type *(check one)*
 ___ serum
 ___ plasma anticoagulant type _____
 *Physician _____
 Reports: ___ mail ___ fax
 Fax # _____
 * **Required Information**

Diagnostic Platelet Tests:

___ Platelet Antibody Screen (Indirect)
 ___ Platelet Associated Ig (Direct)
 ___ HPA-1a (PI^{A1}) Antigen typing (Phenotyping)
 ___ Heparin Antibody Test

Clinical Conditions:

___ Alloimmune Neonatal Thrombocytopenia (NAIT)
 ___ Autoimmune Thrombocytopenia (AITP)
 ___ Post Transfusion Purpura (PTP)
 ___ Platelet Transfusion Refractoriness
 ___ Drug Induced Thrombocytopenia
 ___ Other: _____

Additional Comments: _____

Platelet Crossmatch:

___ Platelet Crossmatch (Order platelet products below)
 ___ Platelet Incompatibility Screen _____
 (Specify ABO types)

Patient Information


_____ Patient's ABO/Rh Type

Platelet Product Requirements

_____ Number of Platelet Products Requested
 _____ Date Needed
 _____ ABO/Rh Type Requested (Option #1)
 _____ ABO/Rh Type Requested (Option #2)
 _____ ABO/Rh Type Requested (Option #3)
 _____ ABO/Rh Type Requested (Option #4)

Special Requirements

___ CMV Negative
 ___ Other: _____

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- INSTRUCTIONS FOR SUBMISSION OF SAMPLE -

1. Refer to the table below for specimen and shipping requirements. Specimens must be shipped following federal and local requirements for Shipping Biological Substances Category B.
2. Label the specimen tube(s) with the patient's name, a second identifier (date of birth or medical record number) and the collection date.
3. Complete page 1 of the request form and include it with the sample vial(s).

Shipping Address:

Platelet Serology Laboratory
American Red Cross
100 South Robert Street
Saint Paul, MN 55107

Business Hours: 8:00 AM to 4:30 PM Monday - Friday
(Crossmatch on call) Weekends and Holidays: (651) 291-6767
Phone: (651) 291-6797 or (855) 216-9202
Fax: (651) 291-3233
Website: www.redcrossblood.org

TEST	SPECIMEN REQUIREMENTS	SHIPPING
Platelet Crossmatch/Platelet Crossmatch Incompatibility Screen	<ul style="list-style-type: none"> • Plasma only (EDTA, ACD, CPD, or CPDA-1). • Separate plasma from red cells. • Refrigerate or freeze specimen as soon as possible. • Samples can be tested up to 7 days after collection. 	<p>Send on wet ice/cold pack within 48 hours of collection.</p> <p>Send on dry ice after 48 hours of collection.</p>
Platelet Antibody Screen (Indirect)	<ul style="list-style-type: none"> • Serum only. • Separate serum from red cells. • Refrigerate for no longer than 48 hours after collection. • Freeze specimen after 48 hours. 	<p>Send on wet ice/cold pack within 48 hours of collection.</p> <p>Send on dry ice after 48 hours of collection</p>
Platelet Associated Ig (Direct)	<ul style="list-style-type: none"> • EDTA whole blood (DO NOT SEPARATE). • Store whole blood at room temperature (DO NOT REFRIGERATE OR FREEZE). • If platelet count is $\geq 10,000/\mu\text{L}$ collect two 7 mL EDTA tubes. 	Send at room temperature within 48 hours of collection.
Heparin Antibody Test (HAT)	<ul style="list-style-type: none"> • Serum or Plasma (ACD or Sodium Citrate only). • Separate serum/plasma from red cells. • Refrigerate for no longer than 48 hours after collection. • Freeze specimen after 48 hours. 	<p>Send on wet ice/cold pack within 48 hours following collection.</p> <p>Send on dry ice after 48 hours of collection.</p>
HPA-1a (PI ^{A1}) Antigen Typing	<ul style="list-style-type: none"> • EDTA whole blood (DO NOT SEPARATE). • Store whole blood at room temperature (DO NOT REFRIGERATE OR FREEZE). • Specimen must be tested within 24 hours following collection. 	<p>Needs to arrive at our lab less than 24 hours after collection.</p> <p>Send at Room Temperature</p>

SIGNATURE PAGE

Date (GMT)	Signed by
2015/12/07 23:01:32	Gary.Bachowski@redcross.org
For Department	edox_med_fac_nocentr
Justification	Documents are approved.

2015/12/09 15:43:41	Sandra.Nance@redcross.org
For Department	edox_po_16_irl
Justification	Documents are approved.

2015/12/16 14:09:29	Mary.Sastry@redcross.org
For Department	edox_qa_div_mid_america
Justification	Documents are approved.

For Department	
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