

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 (only performed in conjunction with an Neutrophil Antibody Screen)	Minimum of 500 µL of serum or plasma. (Collection and handling per Antibody Screen requirements.) Separate from cells and freeze immediately	Per Antibody Screen Requirements
HLA Class I and Class II Antibody	Minimum of 1 mL of serum (Collection and handling per Antibody Screen requirements.) Separate from cells and freeze immediately	Per Antibody Screen Requirements
TRALI Work-up	Minimum of 2 mL serum (Collection and handling per Antibody Screen requirements.) Separate from cells and freeze immediately	Per Antibody Screen Requirements
*Drug Dependent Neutrophil Antibody *Call lab (651) 291-6797 before sample collection	1. Minimum of 500 µL of serum or plasma. (Collection and handling per Antibody Screen requirements.) Separate from cells and freeze immediately 2. 2-5 mg of each drug of interest	Per Antibody Screen Requirements
*Neutrophil Crossmatch *Call lab (651) 291-6797 before sample collection	<u>Sample 1.</u> Minimum of 500 µL of serum or plasma. (Collection and handling per Antibody Screen requirements.) 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) *Call lab (651) 291-6797 before sample collection	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 *Call lab (651) 291-6797 before sample collection	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