

American Red Cross Biomedical Services Washington, DC 20006	Legacy Doc #: 16.4.frm409_W2022	Doc #: FRM-0000927
	Rev #: 2	Effective Date: 08/03/2020
Form: NRLST Request Form		

Contact the National Reference Laboratory for Specialized Testing by calling **(215) 451-4205** during sample receipt hours.

1 Submission Information

Laboratory staff contacted: _____ Date/Time contacted: _____

2 Submitting Facility Information

Facility name/ID: _____
 Address: _____ City/State: _____ Zip: _____
 Contact name: _____ Phone: _____
 Fax: _____ Requesting Physician: _____

3 Patient Information

Name: _____ Patient ID: _____

DOB/Age: _____ Race/Ethnicity: _____ Gender: Male Female

Sample collection date: _____ Specimen type: Serum Whole blood
 Plasma Pheresis product

Diagnosis: _____

Medications: _____

Transfusion within last 3 months? No Yes ▶ Products and dates: _____

*IVIG? No Yes IVIG Treatment dates: _____

**IVIG therapy may interfere with testing assays. Please wait 4-6 weeks after therapy to submit a sample to mitigate impact on testing results (if possible).*

Pregnancy History: (Number) _____ Currently Pregnant? N Due Date: _____

Platelet count: (N/A for specialized testing requests) _____ ABO/Rh: _____

RBC antibody: _____ HLA antibody: _____

4 Donor Testing

Donor DIN #: _____ Collection Date: _____
 (attach list for 2+) _____
 Additional information: _____

5 NRLST Request (please select the tests requested) Specimen Requirements on Page 2

Platelet Testing: <input type="checkbox"/> Platelet Antibody Screen <i>(If screen is positive, testing reflexes to antibody identification)</i> <input type="checkbox"/> Platelet Antibody Identification <input type="checkbox"/> Platelet Antibody Drug Investigation Implicated Drug: _____ <i>(please send sample)</i>	<input type="checkbox"/> HPA-1a (PI ^{A1})* Serologic Typing *HPA – Human Platelet Antigen <input type="checkbox"/> Platelet Crossmatching for transfusion <input type="checkbox"/> Direct Platelet Antibody	Specialized Testing: <input type="checkbox"/> IgA Testing <input type="checkbox"/> STAT <i>(if results demonstrate IgA deficiency, testing reflexes to Anti-IgA. testing)</i> <input type="checkbox"/> Anti-IgA Testing <input type="checkbox"/> STAT
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Instructions for submitting samples for platelet testing:

1. Contact the National Reference Laboratory for Specialized Testing by calling **(215) 451-4205** during sample receipt hours.
2. Record the name of the person contacted and the date and time of the notification.
3. Refer to the table below for appropriate specimen requirements. (Failure to comply with sample requirements may result in the addition of a disclaimer on the final report.)
4. **Label the sample with the patient/donor name, a second identifier (date of birth and/or ID), specimen type and the collection date.**
5. Complete the form on the reverse side.
6. Submit the sample and a completed NRLST Request Form to the ARC.

Ship separated and frozen samples in plastic tubes. Tubes containing gel separation media cannot be used for testing.

Test	Sample Requirements	Collection and Handling								
Platelet Antibody Screen AND Platelet Antibody ID	Serum from 6 mL plain red top tube	<ul style="list-style-type: none"> • Separate serum from red cells • Ship on wet ice • Freeze separated serum if sample cannot be received in testing lab within 48 hours of collection (must be completely frozen and shipped on dry ice) 								
Direct Platelet Antibody	EDTA whole blood sample <table border="1"> <thead> <tr> <th>Plt Count (/mm3)</th> <th>Sample req'd (mL)</th> </tr> </thead> <tbody> <tr> <td>> 100,000</td> <td>15</td> </tr> <tr> <td>60 to 100,000</td> <td>25</td> </tr> <tr> <td>25 to 59,999</td> <td>40</td> </tr> </tbody> </table>	Plt Count (/mm3)	Sample req'd (mL)	> 100,000	15	60 to 100,000	25	25 to 59,999	40	<ul style="list-style-type: none"> • Do not spin or separate • Store and ship at room temperature • Must be received in testing lab within 48 hours of collection • Test cannot be performed if platelet count is <25,000/mm3
Plt Count (/mm3)	Sample req'd (mL)									
> 100,000	15									
60 to 100,000	25									
25 to 59,999	40									
Platelet Crossmatch <i>For information regarding matched product support, contact Hospital Services HLA Matching Program at (215) 451-4132. A separate form must be submitted for platelet products.</i>	<ul style="list-style-type: none"> • Whole blood from 6 mL plain red top tube (unseparated) OR <ul style="list-style-type: none"> • 6 mL of EDTA whole blood • Sample test tube must be labeled with the following: <ul style="list-style-type: none"> • Patient first and last name • Date of collection • Identification (ID) number or DOB 	<ul style="list-style-type: none"> • Do not spin or separate • Store and ship at room temperature • For continuous crossmatching, weekly samples are recommended <p><i>Maximum number of days a sample can be used for testing is 14 days from date of collection</i></p>								
HPA-1a (PIA1) Platelet Antigen Typing For molecular genotyping, contact the Molecular Laboratory for sample requirements: (215) 451-4917 or nationalmolecular@redcross.org	EDTA whole blood sample <table border="1"> <thead> <tr> <th>Plt Count (/mm3)</th> <th>Sample req'd (mL)</th> </tr> </thead> <tbody> <tr> <td>>100,000</td> <td>15</td> </tr> <tr> <td>60 to 100,000</td> <td>25</td> </tr> <tr> <td>25 to 59,999</td> <td>40</td> </tr> </tbody> </table> OR Platelet Rich Plasma from Single Donor Platelet Donations	Plt Count (/mm3)	Sample req'd (mL)	>100,000	15	60 to 100,000	25	25 to 59,999	40	<ul style="list-style-type: none"> • Do not spin or separate • Keep at room temperature • Must be received in testing lab within 48 hours of collection • Test cannot be performed if platelet count is <25,000/mm3 • Ship platelet rich plasma on wet ice • Sample must be received within 5 days of collection
Plt Count (/mm3)	Sample req'd (mL)									
>100,000	15									
60 to 100,000	25									
25 to 59,999	40									
Platelet Antibody Drug Investigation	Whole blood from 6 mL plain red top tube (unseparated) AND Sample of the implicated drug (minimum 50 mg)	<ul style="list-style-type: none"> • Do not spin or separate • Store and ship at room temperature 								
IgA/Anti-IgA Testing	2.0 mL serum or plasma (pre-transfusion sample or sample collected at least 6 weeks after transfusion of IgA-containing component—including IVIG)	Ship frozen or on wet ice								

To ensure prompt testing, samples should arrive during sample receipt hours.

Shipping address:

Penn-Jersey Region
 National Reference Laboratory for Specialized Testing (NRLST)
 700 Spring Garden Street
 Philadelphia, PA 19123 Fax: (215) 922-2407

Sample receipt hours:

7:00 AM to 4:00 PM Mon to Thurs
 7:00 AM to 12:00 PM Fri