

Doc No: ARC-DOC-019126	Subdiv: 16-IRL	Doc Level: 4 - Tool or Supporting Document	ARC Version: 3.2
Level 4 Subtype: Form	Training Subtype:	Mang Fac: Penn-Jersey	

American Red Cross
Washington, DC 20006

Request for Neonatal Serology Testing

NRLST
Philadelphia, PA 19123
CLIA #: 39D0194473

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: _____ Fax: _____

Address: _____ City/State: _____ Zip: _____

Contact name: _____ Phone: _____

Fax: _____ Requesting Physician: _____

3 Maternal information

Name: _____ ID number: _____

DOB/Age: _____ Race/Ethnicity: _____ Sample collection date: _____

Pregnant? No Yes ▶ Due date: _____ # Previous pregnancies: _____ Previously affected infants? Yes No

Transfusion within last 3 months? No Yes ▶ Product(s) and date(s): _____

Platelet count: _____

Medications: _____ *IVIgG? No Yes ▶ Treatment date(s): _____

*IVIg therapy may interfere with testing assays. Please wait 4-6 weeks after therapy to submit a sample to mitigate the impact on testing results.

4 Paternal Information

Name: _____ ID number: _____

DOB/Age: _____ Race/Ethnicity: _____ Sample collection date: _____

5 Infant Information

Platelet count at birth: _____ IVIG? No Yes ▶ Treatment date(s): _____

Transfusion history:

6 Neonatal Alloimmune Thrombocytopenia (NAIT) Evaluation (call to schedule testing) - Specimen Requirements on page 2

NAIT Testing Includes serologic indirect platelet antibody testing and molecular HPA genotyping panel (HPA-1,-2,-3,-4,-5 and -15)

Check this box if serological HPA-1a antigen typing is desired

Doc No: ARC-DOC-019126	Subdiv: 16-IRL	Doc Level: 4 - Tool or Supporting Document	ARC Version: 3.2
Level 4 Subtype: Form	Training Subtype:		Mang Fac: Penn-Jersey

Instructions for submitting samples for neonatal 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.)
Label the sample with the patient/donor name, a second identifier (date of birth and/or ID) and the collection date.
4. Complete the form on the reverse side.
5. Submit the sample and the completed Request for Neonatal Serology Testing to the ARC.

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

Test	Sample Requirements	Collection and Handling
NAIT Evaluation	<p>Maternal</p> <ul style="list-style-type: none"> • Serum from 6 mL plain red top tube <p>AND</p> <ul style="list-style-type: none"> • 30 mL of EDTA whole blood <p>Paternal (if applicable)</p> <ul style="list-style-type: none"> • 35 mL of EDTA whole blood 	<p>Serum</p> <ul style="list-style-type: none"> • Separate serum from red cells and label as serum • Label tube as serum • 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) <p>EDTA whole blood</p> <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

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

Shipping address:

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

Sample receipt hours:

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

Fax: (215) 922-2407