

Doc No: ARC-DOC-018357	Subdiv: 16 - Clinical - Transfusion Services	Doc Level: 4 - Tool or Supporting Document	ARC Version: 2.8
Level 4 Subtype: Form	Training Subtype:	Mang Fac: North Central	

American Red Cross  
Washington, DC 20006

## Form: Request for Neutrophil Laboratory Services



**Neutrophil Laboratory:**

Phone: (651) 291-6797 - Local (855) 216-9202 – Toll-Free  
 Fax: (651) 291-3233  
 Website: [www.redcrossblood.org/hospitals](http://www.redcrossblood.org/hospitals) (Biomedical Services-Neutrophil Testing)

**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#/DID \_\_\_\_\_  
 DIN: \_\_\_\_\_ Gender: male \_\_\_ female \_\_\_  
 Institution \_\_\_\_\_  
 Department/Address \_\_\_\_\_  
 City/State/ZIP \_\_\_\_\_  
 Contact Name \_\_\_\_\_ Phone \_\_\_\_\_  
 E-Mail \_\_\_\_\_ Fax \_\_\_\_\_

**Specimen Information:**

Collection date \_\_\_\_\_  
 Specimen type *(check one)*  
 \_\_\_ serum  
 \_\_\_ plasma (anticoagulant type) \_\_\_\_\_  
 Physician \_\_\_\_\_  
 Reports: \_\_\_ E-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

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**Instructions to submit samples for neutrophil testing:**

1. Refer to the table below for specimen and handling requirements for each test.
2. Label each vial with the patient's name or DIN, a second identifier (DOB, Medical Record Number or DID) and the collection date.
3. Complete page 1 of this form and include it with each specimen vial(s).
4. Refer to table below for shipping requirements. Specimens must be shipped following federal and local requirements for Shipping Biological Substances Category B.

**Shipping Address:**

Neutrophil 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.redcrossblood.org/hospitals](http://www.redcrossblood.org/hospitals) (Biomedical Services-Neutrophil Testing)

Test	Specimen & Handling Requirements	Shipping
<b>Neutrophil Antibody Identification</b>	Minimum of 500 µL of serum or plasma: <ul style="list-style-type: none"> <li>• Serum from a plain red top tube</li> <li>• Plasma – EDTA or anticoagulant used in blood collection are acceptable. Segments, gel tubes, and PPT tubes are NOT acceptable.</li> </ul> <b>Separate from cells and freeze immediately</b>	Ship frozen (on dry ice) Via overnight courier Send samples on Mon. - Thurs. to ensure weekday delivery.
<b>MAINA</b> (Only performed in conjunction with an Neutrophil Antibody Identification request)	Minimum of 500 µL of serum or plasma. (Collection and handling per Antibody Identification requirements.) <b>Separate from cells and freeze immediately</b>	Per Antibody Identification Requirements
<b>HLA Class I and Class II Antibody</b>	Minimum of 1 mL of serum (Collection and handling per Antibody Identification requirements.) <b>Separate from cells and freeze immediately</b>	Per Antibody Identification Requirements
<b>TRALI Work-up</b>	Minimum of 2 mL serum (Collection and handling per Antibody Identification requirements.) <b>Separate from cells and freeze immediately</b>	Per Antibody Identification Requirements
<b>*Drug Dependent Neutrophil Antibody</b>  *Call lab (651) 291-6797 before sample collection	1. Minimum of 500 µL of serum or plasma. (Collection and handling per Antibody Identification requirements.) <b>Separate from cells and freeze immediately</b>  2. 2-5 mg of each drug of interest	Per Antibody Identification Requirements
<b>*Neutrophil Crossmatch</b>  *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 Identification requirements.) <b>Separate from cells and freeze immediately</b>  <u>Sample 2.</u> 14 – 28 mL of EDTA whole blood maintained at ambient temperature. <b>DO NOT separate plasma from cells.</b>	<u>Sample 1:</u> Serum/plasma Per Antibody Identification Requirements  <u>Sample 2:</u> Cells Ship at ambient temperature In insulated container. <b>Must be received within 24 hours.</b>
<b>*HNA Phenotyping (HNA-1a, 1b, 1c, 2, 3a &amp; 4a)</b>  *Call lab (651) 291-6797 before sample collection	14 – 28 mL of EDTA whole blood maintained at ambient temperature. <b>DO NOT separate plasma from cells.</b>	Ship at ambient temperature In insulated container <b>Must be received within 24 hours.</b>
<b>*HNA Genotyping</b> *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. <b>DO NOT separate plasma from cells.</b>	Ship via overnight courier for weekday delivery