



IMMUNOHEMATOLOGY REFERENCE LABORATORY CONSULTATION REQUEST FORM

Shreveport Laboratory
Telephone: (318) 673-1466 / (866) 842-3779
Fax: (318) 227-8317

Lake Charles Laboratory
Telephone: (337) 439-5851 / (800) 256-4932
Fax: (337) 494-3853

Items marked with an asterisk (*) are required fields. Failure to complete may cause delays.

Requesting Facility:* _____

Address: _____
Street City State

Telephone: _____ Fax: _____

Requested By: _____ Date Requested: _____

Patient Information:

Name*: _____ DOB*: _____ Race*: _____ Sex*: M F
Last First MI

SSN: _____ Transfusion ID #*: _____ Patient ID: _____
ID # for crossmatch tags - MUST match # on tubes If different from Transfusion ID #

Current Diagnosis*: _____ Requesting Physician*: _____

History of Pregnancy: Yes No Pregnant: Yes No RhIG in last 6 months: Yes No

History of Transfusion*: Yes No RBC Transfusion within last 3 months: Yes No Unknown

If Yes, # of Transfusions: _____ If Yes, Date of Last Transfusion: _____ # of Units: _____

History of Antibodies: Yes No If Yes, list antibody(s): _____

Clinical Information: (Most current available)

Hgb/Hct: _____ Retic Count: _____ Plt Count: _____ Patient Actively Bleeding*: Yes No

Reason for Referral: (Attach copies of initial testing, i.e. ABO/Rh Typing, Antibody Screening, Panel Sheets, etc.)

Describe Initial Serological Findings*: _____

Method Used: Gel Solid Phase Tube Enhancement Used: LISS PEG Enzyme None

Requested Services*: (Consultation testing may include serological and/or molecular typing as indicated)

Resolve/Identify Serological Problem

Crossmatched Components

Antigen Negative Units (RBC)

Negative for: _____

Component Requested: RBC PLT

Number Requested: _____

Blood Type (if known): _____

Additional Requirements:

CMV Neg

Irradiated

Hgb S Neg

Other: _____

Consultation Requested For:

Scheduled Surgery or Medical Procedure

Recurring Transfusion (i.e. Anemia, Dialysis, etc.)

Trauma or Other Acute Condition

Date/Time Needed: _____

(Minimum of 4 hours required after sample receipt)

Consultation requests will be processed in order received. Priority and after hours testing requests must be coordinated with laboratory staff prior to submitting samples.

LBC Use Only: SafeTrace Tx Patient ID: _____ SafeTrace Tx Order ID: _____

(See reverse for additional information)

Form L-35, Side 1 (Rev. 7/10)

Instructions for Submitting Samples

1. Call laboratory to notify of intention to submit sample and specify problem encountered. Additional service charges will apply for all priority testing and work performed on weekends, holidays, and between 1900 and 0600 Monday – Friday.

➤ Shipping Samples to Shreveport Laboratory

Hours of Operation: Sunday - Saturday: 0600 – 2400
Call tech available after hours for approved priority requests

Call/contact: Telephone: (318) 673-1466 or (866) 842-3779 Fax: (318) 227-8317

Ship to: 8910 Linwood Ave
Shreveport, LA 71106

➤ Shipping Samples to Lake Charles Laboratory

Hours of Operation: Sunday - Saturday: 0800 – 1700
Call tech available after hours for consultation. After hours samples may be forwarded to Shreveport based on patient history. A minimum of 12 hours processing time should be allowed for transportation to Shreveport

Call/contact: Telephone: (337) 439-5851 or (800) 256-4932 Fax: (337) 494-3853

Ship to: 214 Dr. Michael DeBakey Drive
Lake Charles, LA 70601

2. Complete Side 1 of Serological Consultation Request Form.
3. Collect two 7-mL EDTA (purple or pink top) samples and one 10-mL clotted (plain red top) sample from the patient. Additional blood may be requested for complex problems.

Do not send samples in gel separator tubes. Do not separate plasma or serum from red cells. Serological work will not be performed on improperly labeled or separated samples.

Label each tube with:

- Complete patient name (Last, First, Middle Initial) as it appears on hospital records
 - Transfusion ID number. NOTE: MUST match Transfusion ID number on the written request form
 - Date and time sample drawn
 - Phlebotomist's initials
4. Prepare samples and request form for shipment to laboratory using standard protocol for shipment of biological specimens.
 5. Ship samples and request form to the appropriate laboratory. Shipping may be arranged by contacting the local LifeShare Blood Center to coordinate transport on a scheduled courier run. Alternately, samples and request form may be shipped via taxi, mail, or facility arranged courier. Samples shipped directly from a facility must be on wet ice in an insulated container. Insulated containers are available from the local LifeShare Blood Center.
 6. Notify laboratory of estimated arrival time for specimen.

Notes:

- Consultation/reference testing is not a STAT or ASAP service. Priority handling will be considered based on patient status. Initial evaluations may take 4 to 8 hours with final reports completed within 72 hours.
- Incomplete or illegible information will delay completion of testing.
- Every effort will be made to complete testing in a timely manner. Complexity and workload volume may result in delays. Laboratory staff will notify requesting facility when extended delays are anticipated.
- Washed products require Medical Director approval and a minimum of 2 hours preparation time per product.
- Additional patient or clinical information may be required to resolve serological problems and locate compatible blood.

LifeShare Blood Centers shall not be liable or responsible for patient treatment delays resulting from consultation testing or unavailability of blood products. The requesting facility will maintain contingency plans for addressing patient care in the event of blood product availability delays.