

Immunoematology Reference Laboratory Requisition



Versiti Illinois: Phone 630-264-7832 | Fax 630-892-8648

Versiti Indiana: Phone 317-916-5188 | Fax 317-916-5189

Versiti Michigan: Phone 616-233-8583 | Fax 616-233-8687

Versiti Wisconsin: Phone 414-937-6205 | Fax 414-937-6461

NOTE: Versiti does NOT bill patients or insurance. Test orders must be placed through a medical facility that has an account with Versiti. Client # required.

Ordering Institution Information

Person Completing Requisition:		Provider:	
Institution:			Client #:
Dept:		Address:	
City:		State:	Zip Code:
Phone (Lab):		Provider Contact (phone/email):	

Patient Information

Last Name:		First Name:		MI:	DOB:
MR#:	Accession #:		Draw Date:	Draw Time:	
Biologic Sex/Sex Assigned at Birth: <input type="checkbox"/> Male <input type="checkbox"/> Female			Ethnicity:		

Patient Clinical History

ABO/RH:		Hgb/HCT:	Diagnosis:
Known Antibodies:		Indication for Transfusion:	
Number of Pregnancies:		History of Stem Cell Transplant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Prior Transfusions <input type="checkbox"/> Yes <input type="checkbox"/> No		ABO/RH of transfused units:	Date Unit(s) transfused:

Specimen Information

Specimen Type: EDTA Blood Serum (red top) Other
Fetal Specimen Type: Amniotic Fluid Cultured Amniocytes CVS Cultured CVS Cord Blood DNA

Reason for Submission – Additional Testing May Be Performed As Required. Attach Patient Results and Medication List

<input type="checkbox"/> Antibody Identification (3060)	<input type="checkbox"/> Antibody Titration (3080)	<input type="checkbox"/> Positive DAT/Elution (3020)	<input type="checkbox"/> ABO/Rh Discrepancy
<input type="checkbox"/> Crossmatch Problem (3050)	<input type="checkbox"/> Suspected HTR investigation	<input type="checkbox"/> HDFN Investigation (3100)	<input type="checkbox"/> Other (3112)

Additional Testing Performed at the Wisconsin Location

<input type="checkbox"/> DAT Negative Workup (3111)	<input type="checkbox"/> Thermal Amplitude (3021)	<input type="checkbox"/> Donath Landsteiner (3011)	<input type="checkbox"/> Drug-Dependent RBC Antibody Study (3110)
<input type="checkbox"/> Red Cell Genotyping Panel (44 Antigens) (3530)	<input type="checkbox"/> Weak RhD Analysis (3040)	<input type="checkbox"/> Partial RhD Analysis (3240)	

PRENATAL Molecular Testing Performed at the Wisconsin Location – Maternal blood MUST be submitted with fetal sample

Maternal antibodies titer if known:		Paternal Name:	Paternal DOB:
<input type="checkbox"/> RHD (fetal) (3872)	<input type="checkbox"/> C/c (3850)	<input type="checkbox"/> E/e (3852)	<input type="checkbox"/> K/k (3854)
<input type="checkbox"/> S/s (3866)	<input type="checkbox"/> M/N (3864)	<input type="checkbox"/> Kp ^a /Kp ^b (3856)	<input type="checkbox"/> Js ^a /Js ^b (3858)
		<input type="checkbox"/> Fy ^a /Fy ^b (3860)	<input type="checkbox"/> Lu ^a /Lu ^b (3868)
		<input type="checkbox"/> Jk ^a /Jk ^b (3862)	<input type="checkbox"/> Do ^a /Do ^b (3870) (3874)
<input type="checkbox"/> RhD Zygosity (Paternal)			

Units Requested

Units Needed _____ CMV Neg Irradiated Compatibility Screened Other: _____

Versiti Use Only

VERSITI USE ONLY: EDTA CITP ACBD ACDA Serum Clot Other
 Evaluated By: _____

SHIPPING FOR STANDARD WORKUPS

Versiti-IL 1200 N. Highland Ave Aurora, IL 60506	Versiti-IN 3450 N. Meridian Street Indianapolis, IN 46208
Versiti-MI 1036 Fuller Ave NE Grand Rapids MI 49503	Versiti-WI 638 N. 18 th Street Milwaukee, WI 53233

RECOMMENDED TUBES FOR COLLECTION – DO NOT USE TUBES THAT CONTAIN SILICONE SEPARATOR GEL

Plain red top vacutainers for clotted (serum) samples -- Lavender/Pink top vacutainer with EDTA anticoagulant

SPECIMEN REQUIREMENTS

SUSPECTED SEROLOGIC PROBLEM	REQUESTED AMOUNT
<p>Warm Autoimmune Hemolytic Anemia – IAT Positive with all panel cells tested and a positive DAT (1+ - 4+) *For patients under 20 kg body weight, sample requirements will be adjusted depending on communication with patient’s physician.</p>	<p>No transfusion within the past 3 months: 24mL EDTA whole blood (lavender or pink top) AND 21mL clotted whole blood (red top) Transfused within the past 3 months: 5mL EDTA whole blood (lavender or pink top) AND 30mL clotted whole blood (red top)</p>
<p>Antibody Identification ABO/Rh Discrepancy Antibody Titration Suspected transfusion reaction Crossmatch Problem Antibody Confirmation</p>	<p>5mL EDTA whole blood (lavender or pink top) AND 21mL clotted whole blood (red top)</p>
Positive DAT/Elution	10mL EDTA whole blood (lavender or pink top) AND 10mL clotted whole blood (red top)
DAT Negative Autoimmune Hemolytic Anemia Study	10mL EDTA whole blood (lavender or pink top) AND 21 mL clotted whole blood (red top)
Thermal Amplitude or Donath-Landsteiner Test	5mL EDTA whole blood AND 21mL clotted whole blood <u>prewarmed and maintained at 37°C during clotting and serum separated immediately</u>
Drug-Dependent RBC Antibody Study (complete the medication history listed below)	5mL EDTA whole blood AND 21mL clotted whole blood (red top) and <u>include a sample of each suspected drug</u>
Hemolytic Disease of the Fetus and Newborn	Child – Cord blood sample (if available) Mother – 5mL EDTA Whole blood (lavender or pink top) AND 21 mL clotted whole blood (red top)

MOLECULAR TESTS	REQUESTED AMOUNT
Weak RhD Analysis / Partial RhD Analysis	5mL EDTA whole blood (lavender or pink top)
Red Cell Genotyping Panel (44 Antigens)	5mL EDTA whole blood (lavender or pink top)
Prenatal Genotyping	<p>FETAL – 7-15mL Amniotic Fluid or 5-10mg CVS Backup Culture (highly recommended): Two (2) T25 flasks Cultured Amniocytes or CVS (2 × 10⁶ minimum) MATERNAL: 3-5 mL EDTA whole blood for MCC (lavender top). PATERNAL: 3-5 mL EDTA whole blood</p>