

PLATELET CROSSMATCH ORDER FORM



Versiti Illinois: Phone 630-264-7832 | Fax 630-892-8648
 1200 N. Highland Ave Aurora, IL 60506

Versiti Indiana: Phone 317-916-5188 | Fax 317-916-5189
 3450 N. Meridian Street Indianapolis, IN 46208

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):	
Special Reporting Requests:			PO #:

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 ABO/RH					

PATIENT CLINICAL HISTORY

Clinical Diagnosis:		Medications:			
Prior Transfusions: <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes		Prior Transplant: <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes			
Prior Pregnancy: <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes		Has patient received IVIG in the past 6 months? <input type="checkbox"/> No <input type="checkbox"/> Yes, Date received:			

SOLID PHASE RED CELL ADHERENCE (SPRCA) CROSSMATCHED PLATELET

- All orders must be received in writing.
- This form must be completed with each sample submission
- Orders may be modified by phone, email or fax.
- All specimens must be labeled according to CLIA regulations.
- Turn-around time depends on platelet availability and refractory status of patient.

Testing is performed M-F only (0700-1800)

NUMBER OF UNITS REQUESTED:	DATE(S) TO TRANSFUSE:
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PRODUCT REQUIREMENTS

Apheresis Platelets are leukoreduced and considered equivalent to CMV seronegative products.

Irradiation is recommended:		Rh-Pos for Rh-Neg Acceptable <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	
VERSITI TO IRRADIATE? <input type="checkbox"/> No <input type="checkbox"/> Yes			

COMMENTS:

SPECIMEN REQUIREMENTS

CROSSMATCHED Platelet Support - SPRCA Crossmatch <i>Fresh sample drawn every 7 days is required for continuous SPRCA crossmatch support.</i>	5ml Clot Tube (Red) - preferred 5ml EDTA (Pink or Purple top)
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