



**Aurora**  
 1200 N. Highland Ave.  
 Aurora, IL 60506  
 (630) 264-7832 (Direct Line)  
 (630) 892-8648 (Fax)

## Request for Crossmatched or HLA Matched Platelet Testing

### Hospital Information

Hospital	City
Technologist	Date

### Patient Information

Last Name		First Name		M.I.
Numerical Identifier	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Race <input type="checkbox"/> Caucasian <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian	
Request <input type="checkbox"/> Platelet Crossmatch <input type="checkbox"/> HLA Matched Platelet Workup <input type="checkbox"/> Platelet Crossmatch with reflex to HLA Matched Platelet Workup <input type="checkbox"/> Other: _____	Special Products <input type="checkbox"/> CMV Negative <input type="checkbox"/> Irradiated <input type="checkbox"/> Leukoreduced <input type="checkbox"/> Washed	Number of units needed: _____ Anticipated Transfusion Date(s): _____		

Diagnosis:	Ht.:	Wt.:
------------	------	------

Doctor:	ABO/Rh:
---------	---------

Check below if the patient has any of the following conditions:

<input type="checkbox"/> Bone Marrow Transplant recipient	<input type="checkbox"/> Petechiae
<input type="checkbox"/> Enlarged spleen	<input type="checkbox"/> Currently bleeding
<input type="checkbox"/> Had a splenectomy	<input type="checkbox"/> Symptoms of DIC
<input type="checkbox"/> Septicemia	<input type="checkbox"/> Leukemia/Lymphoma

Any recent IVIG: \_\_\_\_\_  
 Any recent chemotherapy medications: \_\_\_\_\_  
 List all current medications: \_\_\_\_\_

Number of Pregnancies:	RBC Transfusion History: <input type="checkbox"/> Never Transfused <input type="checkbox"/> Transfused → Most recent transfusion (date):	# of units:
------------------------	---	-------------

**Most recent platelet transfusions: (Please list at least 3)**

Date of transfusion	Type of product	Pre-Transfusion		Post-Transfusion	
		Date/Time	Count	Date/Time	Count

Date Sample Drawn: \_\_\_\_\_

HBC Reference #:	Order Taken By:	Date:	Time:
------------------	-----------------	-------	-------

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

## Minimum Sample Requirements

Platelet Crossmatch	Two 7-10ml <b>Pink</b> or <b>Purple</b> top EDTA tubes. Keep samples at room temperature. The specimens need to be received at the reference lab within 48 hours of being drawn.
HLA matched Platelet Transfusion Workup (Includes) <ul style="list-style-type: none"><li>• HLA-AB Low Resolution</li><li>• HLA Antibody Identification Class I High Resolution</li></ul>	Two 7-10ml <b>Pink</b> or <b>Purple</b> top EDTA tubes and One 10ml <b>Red</b> top tube ( <b>no gel</b> ). Keep samples at room temperature. The specimens need to be received at the reference lab within 48 hours of being drawn.

### **Crossmatch**



