



Tennessee Valley Region
2201 Charlotte Avenue
Nashville, TN 37203

Medical Director: Dr. Claire Meena-Leist

CLIA # 44D0668870
Phone: 615-346-7935
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Contact the Reference Laboratory before sending a sample: (see page 2 for sample requirements)

Reference Lab person contacted: _____ Date/Time contacted: _____

Submitting Facility Information:

Facility Name/ ID: _____ Request Date: _____
Facility Address: _____ City/State: _____ Zip _____
Blood Bank Contact: _____
Blood Bank Phone #: _____ Requesting Physician: _____
Blood Bank Fax #: _____

Patient Information

Patient Name: _____ Patient ID#: _____
Birth Date/ Age: _____ Race: _____ Gender: M F
Specimen Date: _____ ABO/Rh: _____ HLA Type: A __, A __ B __, B __
Diagnosis: _____ Hgb/Hct: _____
Medications: _____
Platelet Counts: Pre-Transfusion _____ *1 Hour Post-Transfusion _____ 18-24 Hour Post Transfusion _____

***A post-transfusion count should be obtained 10-60 minutes after completion of the transfusion.**

Platelet Transfusion History: _____

Patient has received: Pooled platelets Platelets pheresis HLA matched Platelets pheresis

Has this patient received IVIg? YES (allow >72 hours clearance) NO

Test Request

| | | |
|--|---|---|
| <input type="checkbox"/> Platelet Crossmatch <input type="checkbox"/> Platelet Crossmatch, HLA matched (Consult with Reference Technologist prior to ordering HLA matched products to be crossmatched.) <input type="checkbox"/> Suspected NAIT Cases (Samples will be submitted to the American Red Cross National Platelet Serology Lab) | Testing is routinely performed Monday – Friday, excluding holidays. Stat or after-hours fees may apply to testing requested for life-threatening cases during other hours. Monday testing is dependent upon product availability. | Samples should be received prior to 1:00 p.m. for same day testing. Products used for testing are “in-process” for routine donor screening and are not generally available for release until the day after testing is performed. |
|--|---|---|

Products Requested

| | | |
|---|---|---|
| # Units _____ needed: Daily ___ Weekly ___ Other _____ Dates of need: _____ | Special Requirements: (All products are irradiated and leukoreduced) | For ARC Use: Orders cancelled on _____ by _____ Initials/date _____ |
|---|---|---|



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Instructions for submitting samples to the Reference Laboratory for platelet crossmatch:

1. Obtain an appropriate sample and label it according to the instructions in the table below.
2. Complete the requisition on the reverse side.
3. Contact the Reference Lab prior to sending the sample.
4. Record the name of the Reference staff member contacted along with date and time of notification.
5. Prepare the sample for shipping according to the instructions in the table below.
6. Include the completed requisition in the sample package.

Sample and Tube Label Requirements

Sample Type:

For routine platelet crossmatch:

15-20mL of EDTA whole blood
(for samples arriving during routine Reference Lab hours and within 8 hours of collection)

or

6-12mL EDTA plasma- transferred to a plastic tube.
(please include an original whole blood sample tube for label confirmation)

For suspected NAIT cases:

Contact a Reference lab Technologist about additional samples required.

No special preparation of the patient is needed prior to collecting samples. If there is a problem collecting the preferred sample above, contact a Reference Lab Technologist.

Delivery arrangements and charges are the responsibility of the requesting facility.

Label Requirements:

These requirements apply to both the original collection tubes and tubes containing transferred plasma.

- Patient Name (First and Last required)
- Patient ID number (MR # preferred)

Please do not use Account #.

Other acceptable ID# are date of birth, or last 4 digits of SSN.

- Date of sample collection

NOTE: IMPROPERLY LABELED SAMPLES MAY NOT BE TESTED.

Shipping Instructions:

- Pack samples to prevent leakage using a rigid container.
- Samples requiring more than 2 hours transit time should be packed with wet ice unless directed otherwise by Reference Lab staff.

For NAIT cases, contact Reference staff before using wet ice.

For ARC Use Only:

| Sample Receipt: | Historical Records: | ARC # | Previous Findings: |
|-----------------|---------------------|-------|--------------------|
| Tech: | Checked | | |
| Date: | Previous Patient | | |
| Time: | New Patient | | |