St. Luke's
915 East First Street
Duluth, MN 55805

TEST NAME	**Rh Immune Globulin: Clinic Request**
MNEMONIC	N/A
TESTING DEPT/PHONE #	5301
SPECIMEN REQUIRED	N/A
VOLUME	N/A
CONTAINER	N/A
FASTING	N/A
PATIENT PREPARATION	None

SPECIAL SAMPLE REQUIREMENTS

Rh Immune Globulin (RhIg) may be administered to prevent alloimmunization of an Rh(D) Negative woman during pregnancy. Active Anti-D in the mother has been found to cause Rh hemolytic disease of the fetus or newborn. A 300 µg dose of Rh Immune Globulin is indicated for an Rh(D) Negative female in the following situations during pregnancy:

~Antepartum prophylaxis at 26 to 30 weeks

~Antepartum fetomaternal hemorrhage (suspected or proven) as a result of placenta previa, amniocentesis, chorionic villus sampling, percutaneous umbilical blood sampling, other obstetrical manipulative procedure or abdominal trauma

~Actual or threatened pregnancy loss at any stage of gestation

~Ectopic pregnancy

Please complete the following information and fax to St. Luke's Transfusion Services at 218-249-5542.

TAT: Please allow five business days for the delivery of the product.

For Rh Immune Globulin requests not specific to a patient, please fill out the section below.

Requesting Location

[ ] BAY AREA	[ ] DIMA	[ ] MC (Miller Creek)	[ ] RUDIEASSOC
[ ] CHEQUAM	[ ] HIBBFMC	[ ] MTROYAL	[ ] SLINTMED
[ ] DEN	[ ] MARINMC	[ ] NLANDFAM	[ ] OTHER:

Quanity Requested

[ ] One	[ ] Two	[ ] Three	[ ] Four
[ ] Five	[ ] Other _____		

For patient specific Rh Immune Globin, please fill out the section below

Patient Name: Last	First	Middle
Physician Signature		
Diagnosis Code		

Bill To	[ ] Client (Please check one of the following clients)	[ ] Medicare (Please complete the Policy Holder, ID and Group Numbers below)
	[ ] Medicaid (Please complete the Policy Holder, ID and Group Numbers below)	[ ] Insurance (Please complete the Policy Holder, ID and Group Numbers below)

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POLICY HOLDER			
ID NUMBER	GROUP NUMBER		
Responsible Party			DOB
Address			
City		State	Zip

Blood Bank Instructions:	1. Order and receive RHOP in the LIS
	2. Assign RhIg to patient
	3. Complete the RhIg Control Form
	4. Issue the RhIg in the LIS
	5. Package RhIg in a styrofoam container with a copy of the completed request form
	6. Place the container in the courier pick-up area