

# Request for Immunohematological Consultation

## Altru Pathology and Laboratory Services

1200 South Columbia Road, Grand Forks, ND 58201 Phone: 701.780.5140 Fax: 701.780.1897

Submitting Facility: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

City / State: \_\_\_\_\_ Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Fax: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Ordering Provider: \_\_\_\_\_ Date / Time of Specimen Collection \_\_\_\_ / \_\_\_\_ / \_\_\_\_ @ \_\_\_\_

Urgency of Request:  Routine  ASAP  STAT  Procedure or Transfusion scheduled for \_\_\_\_\_

### PATIENT INFORMATION:

Name: \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex: M F

Identifying Number: \_\_\_\_\_ Clinical Diagnosis: \_\_\_\_\_

Medicare / Medicaid Number: \_\_\_\_\_ Address: \_\_\_\_\_

Current Medications: \_\_\_\_\_

History of Red Cell Antibody?  No  Yes, specificity \_\_\_\_\_

Any previous transfusions?  Unknown  No  Yes, number of units, date(s) \_\_\_\_\_

Previous transfusion reactions?  Unknown  No  Yes, type \_\_\_\_\_

Previous pregnancies?  N/A  No  Yes, how many? \_\_\_\_\_  
Gestational age if currently pregnant \_\_\_\_\_ weeks

Rh Immune Globulin given in the previous 6 months?  Unknown  No  Yes, date: \_\_\_\_\_

### TESTS REQUESTED:

ABO/Rh  Antibody Identification  Fetal Bleed Screen (qualitative)

Antibody Screen  DAT Study  Kleihauer Betke

Crossmatch: # of units \_\_\_\_\_  Elution  Antibody Titer

Special Needs:

Leukocyte Reduced

Irradiated

Other: \_\_\_\_\_

Red Cell Antigen Typing  
for: \_\_\_\_\_

Other: \_\_\_\_\_

ABO Discrepancy Resolution

Transfusion Reaction Study

### FACILITY RESULTS:

Blood Type: \_\_\_\_\_ DAT: \_\_\_\_\_ Auto Control: \_\_\_\_\_

Red Cell Antibody Screen: Method: LISS PEG Albumin Gel Other: \_\_\_\_\_

Phase: RT 37°C AHG Reaction Strength: 1+ 2+ 3+ 4+

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#### **Instructions for Submitting Sample:**

1. Determine appropriate specimen type and volume.
2. All samples must be labeled with the patient's full name, unique identification number, date/time drawn and identification of phlebotomist.
3. Confirm all identifying information on the request form and specimen label are in agreement.
4. Please send any serological results performed by the submitting facility (antibody screen, panels, etc) that may provide useful information.
5. Contact Altru Transfusion and Tissue Services at 701-780-5140 with the date/time of sample arrival and method of transportation.

#### **Test Menu / Specimen Requirements:**

- For tests not listed contact Altru Transfusion and Tissue Services at 701-780-5140 for information.
- For pricing contact [transfusion@altru.org](mailto:transfusion@altru.org) or 701-780-5146.

| Test (CPT code)   | Sample Type  | Minimum Volume |
|---|--|----------------|
| <b>ABO/Rh (86900-ABO; 86901-Rh)</b><br>Primary Test Method: Gel<br>Secondary Test Method: tube  | Whole Blood<br>EDTA  | 5 mL           |
| <b>Antibody Screen (86850, each)</b><br>Primary Test Method: Gel<br>Secondary Test Method: tube   | Whole Blood<br>EDTA  | 5 mL           |
| <b>Crossmatch (86920-IS, 86922-AHG)</b><br>Primary Test Method: tube  | Whole Blood<br>EDTA  | 5 mL           |
| <b>Antibody Identification (86870, each panel)</b><br>Primary Test Method: Gel<br>Secondary Test Method: tube<br><i>All requests for antibody identification automatically include an antibody screen which will be performed by Altru Transfusion and Tissue Services prior to identification.</i> | Whole Blood<br>EDTA  | 10 mL          |
| <b>DAT Study (86880, each)</b><br>Primary Test Method: tube<br><i>Includes DAT with polyspecific AHG, IgG AHG and anti-C3b-C3d AHG</i>  | Whole Blood<br>EDTA  | 5 mL           |
| <b>Elution (86860)</b><br>Methods available: Lui-Freeze and Glycine Acid  | Whole Blood<br>EDTA  | 5 mL           |
| <b>Red Cell Antigen Typing (86902, each)</b><br>Method: tube<br>Available antisera: C, c, E, e, K, Fy <sup>a</sup> , Fy <sup>b</sup> , Jk <sup>a</sup> , Jk <sup>b</sup> , M, N, S, s, Le <sup>a</sup> , Le <sup>b</sup> , P <sub>1</sub>   | Whole Blood<br>EDTA  | 5 mL           |
| <b>ABO Discrepancy Resolution</b><br>Primary Test Method: tube<br>Secondary Test Method: Gel  | Whole Blood<br>EDTA  | 5 mL           |
| <b>Transfusion Reaction Study</b><br><i>Includes ABO/Rh and DAT on pre-transfusion and post-transfusion sample. Additional testing may be performed based on results of initial screening.</i>  | Whole Blood<br>EDTA-<br>Pre and post<br>transfusion sample | 5 mL           |
| <b>Fetal Bleed Screen (86561)</b><br>Method: Ortho Clinical Diagnostics kit   | Whole Blood<br>EDTA  | 5 mL           |
| <b>Kleihauer Betke (85460)</b><br>Method: Sure-Tech Diagnostics stain kit   | Whole Blood<br>EDTA  | 5 mL           |
| <b>Antibody Titer (86886)</b><br>Method: tube   | Whole Blood<br>EDTA  | 5 mL           |

#### **The following testing limitations include but may not be limited to:**

- For suspected cases of warm auto antibody when the patient has been transfused in the past three months, Altru Transfusion and Tissue Services will not be able to work this up due to unavailability of allogeneic adsorption procedures.
- Cold agglutinin titers are not performed by Altru Transfusion and Tissue Services.