Australian Red Cross
BLOOD SERVICE

Red Cell Reference Laboratory Request

Laboratory	Please select -->	Storage and transport guidelines	Sample requirements
Please address samples to: **Red Cell Reference Laboratory** Australian Red Cross Blood Service Phone: Fax:		Store and transport samples at 2-8°C. Pack samples in a secure container in compliance with IATA650 and IATA602 packing instructions (refer to IATA Dangerous Good Regulations). Transport time should not exceed 48 hours. Clearly label the outside transport container with the delivery address and mark as "store at 2-8°C".	Patient samples MUST be clearly labeled with full name, date of collection and either date of birth or MRN. Ensure samples and request forms display identical information.

The Red Cell Reference Laboratory reserves the right to refuse receipt of samples not adhering to the above requirements

Degree of urgency ☐ Routine ☐ ASAP ☐ **Urgent** (Phone before sending)

Patient/donor details			
Surname		Date of birth	
Given name(s)		Sex ☐ M ☐ F	
Address			
Donor ID		Other ID	
Donation no		Collection date	

Patient/donor history			
Clinical notes			
☐ Yes ☐ No Previous transfusion		Date of last transfusion	
Donation numbers (if applicable)			
☐ Yes ☐ No Pregnant now	Gestational Age (wks)		☐ Yes ☐ No Previous pregnancies
☐ Yes ☐ No Rh(D) Ig Given	Last Given		

Reason for referral	**Minimum sample requirements**
☐ Antibody Identification (including suspected transfusion reactions)	2 x 5mL EDTA (Donor Unit Segments, pre & post transfusion samples)
☐ ABO Investigation	5mL anticoagulated blood
☐ Rh (D) Investigation	5mL anticoagulated blood
☐ Phenotype (Specify) _____	5mL anticoagulated blood
☐ Genotype (Specify) _____	4mL EDTA or 10mL amniotic fluid or cultured amniocytes
☐ NIPA for fetal RHD (gestation ≥12 weeks) _____	2 x 6mL dedicated EDTA <72hrs from collection
☐ Anti-D / anti-c Quantitation (Specify) _____	1mL separated sample of serum or plasma (visually inspected for haemolysis, precipitate or gel formation)
☐ Other (Specify)	Contact the laboratory for details

Your laboratory findings (Attach all worksheets)		
ABO/Rh (D)		Antibody detected by
DAT		☐ Saline RT ☐ PEG-IAT ☐ CAT (Specify)
Phenotype		☐ Enzyme ☐ Low-Ionic IAT Titre:
Previous antibody history/comments		

Referring laboratory			
Laboratory name			
Contact			
Email			
Address			
Phone		Fax	
Date sent		Signature	

ARCBS use only- Sample transport, integrity and identifier check
Sample suitable for testing? (see SOP-00438) ☐ Yes ☐ No
Sample received by (initial) Date
Referral ID and sample details

Tel 61 **Fax** 61
Web donateblood.com.au