



# Australian Red Cross BLOOD SERVICE

## Red Cell Reference Laboratory Request

Laboratory	Storage and transport guidelines	Sample requirements
<b>Please address samples to:</b> <b>Red Cell Reference Laboratory</b> 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 <input type="checkbox"/> M <input type="checkbox"/> F	
Address			
Donor ID		Other ID	
Donation no		Collection date	
Patient/donor history			
Clinical notes			
<input type="checkbox"/> Yes <input type="checkbox"/> No Previous transfusion		Date of last transfusion	
Donation numbers (if applicable)			
<input type="checkbox"/> Yes <input type="checkbox"/> No Pregnant now	Gestational Age (wks)		<input type="checkbox"/> Yes <input type="checkbox"/> No Previous pregnancies
<input type="checkbox"/> Yes <input type="checkbox"/> 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	
<input type="checkbox"/> Anti-D / anti-c Quantitation (Specify) _____		1mL separated sample of serum or plasma (visually inspected for haemolysis, precipitate or gel formation)	
<input type="checkbox"/> Other (Specify) _____		Contact the laboratory for details	
Your laboratory findings (Attach all worksheets)			
ABO/Rh (D)		Antibody detected by	
DAT		<input type="checkbox"/> Saline RT <input type="checkbox"/> PEG-IAT <input type="checkbox"/> CAT (Specify)	
Phenotype		<input type="checkbox"/> Enzyme <input type="checkbox"/> Low-Ionic IAT Titre: _____	
Previous antibody history/comments			
Referring laboratory		ARCBS use only- Sample transport, integrity and identifier check	
Laboratory name		Sample suitable for testing? (see SOP-00438) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Contact		Sample received by (initial) _____ Date _____	
Email		Referral ID and sample details	
Address			
Phone		Fax	
Date sent		Signature	

Effective date: 31/01/2019

Page 1 of 1

Version: 5

FRM-01245

Tel 61

Fax 61

Web donateblood.com.au