

## Diagnostic Services, AB/NWT

### CROSSMATCH TEST REQUEST / SAMPLE REQUIREMENTS

TEST	SAMPLE REQUIREMENTS	FORM / COMMENTS
Group <ul style="list-style-type: none"> <li>ABO/Rh type</li> </ul>	EDTA 1 X 7mL	<b>Requisition: <u>Blood Transfusion Service Requisition</u></b> <ul style="list-style-type: none"> <li>Order if requesting platelet or plasma components for patient with no blood grouping result done by CBS on a sample collected for crossmatch or referral investigation.</li> <li>May be ordered to follow a non-group specific bone marrow or stem cell transplant.</li> </ul>
Type and Screen <ul style="list-style-type: none"> <li>ABO/Rh type</li> <li>Antibody Screen</li> </ul>	EDTA 2X 7mL	<b>Requisition: <u>Blood Transfusion Service Requisition</u></b> <ul style="list-style-type: none"> <li>Order when the need for transfusion is not certain.</li> <li>If an antibody is identified, two units will be crossmatched and sent to hospital.</li> <li>If no irregular antibodies are detected and components are requested, an electronic crossmatch can be performed and components made available.</li> </ul>
Crossmatch <ul style="list-style-type: none"> <li>ABO/Rh type</li> <li>Antibody Screen</li> <li>Crossmatch</li> </ul>	EDTA 2X 7mL (Additional sample may be required if patient has antibodies)	<b>Requisition: <u>Blood Transfusion Service Requisition</u></b> <ul style="list-style-type: none"> <li>Order when red blood cell units are required for transfusion.</li> <li>Indicate number of units that are requested and when they are required</li> <li>If an in-date Type and Screen sample is available, an additional sample is not required.</li> </ul>
DAT <ul style="list-style-type: none"> <li>Direct Antiglobulin Test</li> </ul>	EDTA 1 X 7mL	<b>Requisition: <u>Blood Transfusion Service Requisition</u></b> <ul style="list-style-type: none"> <li>Will test using anti-IgG and anti-C3d if initial polyspecific DAT is positive</li> </ul>
Transfusion Reaction Investigation  (On post transfusion sample) <ul style="list-style-type: none"> <li>Hemolysis check</li> <li>DAT</li> <li>ABO/Rh</li> <li>Further investigation as necessary</li> </ul>	EDTA 2X 7mL	<b>Requisition: <u>Transfusion Reaction Investigation Requisition</u></b> <ul style="list-style-type: none"> <li>Also submit a pre-transfusion sample if initial testing was not performed by CBS</li> </ul>

TRALI investigation	<p><u>Pre-TRALI</u></p> <p>1 x 7mL separated serum (not collected in SST gel) Send frozen</p> <p><u>Post-TRALI</u></p> <p>1 x 7mL separated serum (not collected in SST gel) Send frozen</p> <p><b><u>and</u></b> 1 x 7mL <b>unopened EDTA</b> (for DNA testing) Send at 4°C</p>	<p><b>Requisition: <u>TRALI Patient Data form</u></b></p> <p><b>NOTIFY BEFORE SAMPLE SHIPMENT:</b>  <b>Platelet Immunology Laboratory</b>  <b>Phone: 204-789-1152</b>  <b>Fax: 204-789-1186</b></p> <p><b>SHIP SAMPLES IMMEDIATELY TO:</b>  Platelet Immunology Laboratory  Canadian Blood Services  777 William Ave  Winnipeg, MB  R3E 3R4  <u>or</u>  To your nearest CBS Centre</p>
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