

**CANADIAN BLOOD SERVICES - WINNIPEG CENTRE**

777 William Ave. Winnipeg, MB R3E 3R4

**PLATELET IMMUNOLOGY LABORATORY**

Mail Report to \_\_\_\_\_

Facility \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Physician/Authorized  
Health Care Provider \_\_\_\_\_



Diagnosis \_\_\_\_\_

**Platelet Investigation**Has patient received IVIG or ATG in the last month? ☐ Yes ☐ No☐ IVIG Date: \_\_\_\_\_ ☐ ATG Date: \_\_\_\_\_

Requires prior arrangements. Ph: (204) 789-1152 Fax: (204) 789-1186

**NOTE:** Serum must be separated from clot and frozen if arrival at lab is expected to exceed 48 hours from collection time☐ Platelet Allo Immunization- 1 x 10 mL SST serum and 5 x 5 mL EDTA☐ Post Transfusion Purpura- 1 x 10 mL SST serum and 3 x 5 mL EDTA**Neonatal Investigation** (each sample type requires separate requisition)☐ Maternal (Currently Pregnant? ☐ Yes ☐ No)

1 x 10 mL SST serum and 3 x 5 mL EDTA

☐ Paternal  Mother's Name: \_\_\_\_\_  
5 x 5 mL EDTA AND☐ Neonatal  Mother's PHIN: \_\_\_\_\_  
1 x 1 mL EDTA

PLEASE USE NAME PLATE OR PRINT

PHIN \_\_\_\_\_

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

DOB \_\_\_\_\_

YYYY - MM - DD

Male ☐ Female ☐

Collected at

Facility \_\_\_\_\_ Ward \_\_\_\_\_

**Phlebotomist**

Print Name \_\_\_\_\_ Classification \_\_\_\_\_ Initial \_\_\_\_\_

Collection  
Date \_\_\_\_\_ Time \_\_\_\_\_**HLA Disease Association - 1 x 5 mL EDTA**☐ HLA-B\*57:01☐ HLA-B27 Typing

Antigen of Interest

☐ HLA-A Typing \_\_\_\_\_☐ HLA-B Typing \_\_\_\_\_☐ HLA-DR Typing \_\_\_\_\_☐ HLA-DQ Typing \_\_\_\_\_Refer to [www.blood.ca/en/hospitals/winnipeg-centre/platelet-immunology-services](http://www.blood.ca/en/hospitals/winnipeg-centre/platelet-immunology-services) for additional information**Collection Procedure**

Step	Responsibilities of Phlebotomist (person collecting the sample)
1	<b>The phlebotomist must positively identify the patient by comparing the following information on the patient's wristband, if available,</b> <ul style="list-style-type: none"><li>• Personal Health Identification Number (PHIN), or hospital number, if PHIN is not available or patient is from out of province, or other unique identification number, and</li><li>• the patient's last name, first name.</li></ul>
2	<b>The phlebotomist must collect the appropriate sample(s).</b>
3	<b>The phlebotomist must label the sample(s) using indelible ink. Label the sample(s) immediately after the collection and before leaving the patient's side with</b> <ul style="list-style-type: none"><li>• Personal Health Identification Number (PHIN), or hospital number, if PHIN is not available or patient is from out of province, or other unique identification number</li><li>• the patient's last name, first name</li><li>• the collection date</li><li>• facility name</li></ul>
4	<b>The phlebotomist must complete the requisition by</b> <ul style="list-style-type: none"><li>• printing his/her name, classification, initials, and</li><li>• recording the date and time of collection.</li></ul>
5	<b>Sample(s) may not be tested if</b> <ul style="list-style-type: none"><li>• information is missing or incorrect on the sample or requisition</li><li>• correction fluid is used to correct errors, or</li><li>• the sample has been overlabeled</li></ul>

**Laboratory Use Only**

Sample Number	Accessioned by	File Checked by	Previous File Yes <input type="checkbox"/> No <input type="checkbox"/>	Demographics Agree Yes <input type="checkbox"/> No <input type="checkbox"/>
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Date / Time Received at CBS Centre

Date / Time Received at PI LAB