

PATIENT REQUEST FOR ANTI-IgA TESTING

| SECTION A: PATIENT INFORMATION (MUST BE COMPLETED) | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--------------------------------|
| Surname: | | Given Name: |
| D.O.B. (yyyy-mm-dd): | Date Collected (yyyy-mm-dd): | Patient Identification Number: |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | | |
| SECTION B: CONTACT INFORMATION AND TESTING INFORMATION | | |
| Institution/Hospital: | Address: | |
| Requesting Physician: | | |
| Phone: | | |
| Fax: | | |
| REASON FOR REQUEST: <input type="checkbox"/> Anti-IgA Testing | | |
| Transfusion Reaction: | | |
| 1. <input type="checkbox"/> Anaphylactic | | |
| <input type="checkbox"/> Other: _____ | | |
| Patient Requires Transfusion: | | |
| 2. <input type="checkbox"/> Known low or IgA deficient (blood component therapy or plasma product therapy) | | |
| IgA level, if known: _____ mg/dL. | | |
| <input type="checkbox"/> Transfusion date (yyyy-mm-dd): _____ | | |
| SECTION C: SAMPLE REQUIREMENT | | |
| Sample required: Minimum 2 mL separated SERUM. Wrap sample caps with parafilm. Label sample with the following: Name, ID Number, Collection Date, Date of Birth Sample MUST be sent FROZEN with DRY ICE to local Canadian Blood Services Site. | | |
| Sample Prepared by: | Date (yyyy-mm-dd): | Package Date (yyyy-mm-dd): |

| FOR CANADIAN BLOOD SERVICES USE ONLY | |
|---------------------------------------------------------------|------------------------------|
| Sample Packed by (Initials/Date): _____ | <input type="checkbox"/> N/A |
| Canadian Blood Services Site Medical Officer/Designate Review | |
| Initials: _____ | Date: _____ |

| SECTION D: FOR BRAMPTON USE ONLY | | |
|------------------------------------------|--------------------------------------|------------------------------|
| <input type="checkbox"/> N/A ALIQUOTTING | | |
| Prepared by (Initials/Date): | Sample Aliquoted by (Initials/Date): | Verified by (Initials/Date): |