

Request for Blood Group Genotyping (Patient) National Immunohematology Reference Laboratory (NIRL)



SECTION A - PATIENT INFORMATION (MUST BE COMPLETED)			
Surname:		Given Name:	
Middle Name:			
HCN/PHN:	MRN:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	D.O.B: _____ yyyy-mm-dd
Ethnicity: <input type="checkbox"/> Arabic <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Indigenous <input type="checkbox"/> Latin-American <input type="checkbox"/> South Asian <input type="checkbox"/> White <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown			
Clinical Diagnosis: Pre-existing Condition(s):			Low WBC Count (<4 x10 ⁹ /L): <input type="checkbox"/> Yes <input type="checkbox"/> No
ABO: _____ Rh: _____			
RBC Phenotype (Serology): _____ <input type="checkbox"/> Attach Phenotype LIS Report/Printout			
Recently Transfused: <input type="checkbox"/> Yes <input type="checkbox"/> No Transfusion Reaction: <input type="checkbox"/> Yes <input type="checkbox"/> No Ongoing Transfusion Requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Transplant History: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Type: <input type="checkbox"/> Bone Marrow (Stem Cell) <input type="checkbox"/> Solid Organ <input type="checkbox"/> Other: _____			
Transplant Date: _____ (See Note on Page 2)			
Specimen Information:			
Collection Date: _____		Shipment Date: _____	

SECTION B - TESTING INFORMATION
Previously Tested By NIRL: <input type="checkbox"/> Yes <input type="checkbox"/> No
Antibodies in Serum (Allo, Auto): _____
Reason for Request:
<input type="checkbox"/> Predict RBC phenotype of recently transfused patients <input type="checkbox"/> Positive direct antiglobulin test (DAT)/AIHA <input type="checkbox"/> Resolution of complex antibody identification and/or distinguish alloantibody from autoantibody <input type="checkbox"/> Confirmation of rare phenotype <input type="checkbox"/> Other (please provide additional information): _____
Required Testing:
<input type="checkbox"/> RhCE, Kell, Duffy, Kidd, and MNS, Diego, Dombrock (including Hy and Jo), Colton and Cartwright

SECTION C - ORDERING/ REFERRING FACILITY INFORMATION: (MUST BE COMPLETED)	
Ordering Physician/Lab Supervisor Name:	Ordering/ Referring Facility:
Address:	
Phone Number:	Comments:
Fax Number:	
Email Address:	
CPSO #:	
Signature: _____	

SECTION D – FOR NIRL USE ONLY	
Date and Time Received: _____	CBS Sample Number: <div style="border: 1px solid black; width: 150px; height: 40px; display: inline-block;"></div>
Receiver Initials: _____	
Volume of EDTA Received: _____ mL	

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Sample Requirement:

Note: For patient with history of bone marrow (or stem cell) transplant please provide contact information for consultation with transfusion medicine physician prior to genotyping.

Sample type	Whole Blood EDTA
Sample volume	2 mL to 7 mL
Sample receipt at NIRL	Anytime
Sample stability and temperature requirement	Pack & Ship Samples at 2°C - 25°C within 14 days of collection

Send copies of all worksheets:

- All related phenotyping results (attach LIS report)
- Other corresponding investigation

If samples are going to arrive outside of normal business hours, please notify NIRL to make appropriate arrangements.

Blood sample label(s) must contain two unique identifiers:

1.	Full Name
2.	Identifying Number (HCN/PHN)
If HCN/PHN is not available, MRN or Hospital Number may be acceptable.	

Procedure for shipping sample(s):

a)	Fully complete the Requisition for Blood Group Genotyping for each specimen.
b)	Pack sample(s) in secure, protective wrapping to avoid breakage/leakage.
c)	If samples cannot be delivered the same day, use a cold gel pack (2°C – 6°C). During extreme cold weather conditions use a room temperature gel pack.
d)	Notify the National Immunohematology Reference Laboratory (NIRL) and provide waybill number, if applicable. (See contact information below).

DO NOT USE DRY ICE. DO NOT USE ICE PACKS

Shipping Address:

Canadian Blood Services
National Immunohematology Reference Laboratory (NIRL)
100 Parkshore Drive
Brampton, Ontario
Canada
L6T 5M1

If specimen is determined to be unsatisfactory, NIRL will notify the referral facility to receive authorization for disposal of specimen and to request re-submission of a new sample.

Direct Enquiries to:

Canadian Blood Services
National Immunohematology Reference Laboratory (NIRL)
Telephone: (905) 494-5295
Fax: (905) 494-8131
Hours of Operation: Monday to Friday 7:00 AM to 3:00 PM EST