Diagnostics Services Laboratory Edmonton Site
8249 114 Street T6G 2R8
Phone: 780-431-8765 Fax: 780-431-8779

Canadian Blood Services
it's in you to give

Request for Serological Investigation

Patient

PHN/ULI	Hospital Number		D.O.B. (YYYY-MM-DD)
Last Name	First Name		BBIN
Gender ☐ Male ☐ Female	Hgb	ABO/Rh	DAT
Clinical Diagnosis			
Known Antibodies		Pregnant last 3 months? ☐ No ☐ Yes	RhIG given? ☐ No ☐ Yes Date:
Transfused last 3 months? ☐ No ☐ Yes Date Transfused:		Stem Cell/Bone Marrow transplant? ☐ No ☐ Yes ☐ Allogeneic Transplant Date:	

Requestor

Facility Name		Phone	Fax
Address		Referring Physician	
Facility Testing Method ☐ LISS ☐ PEG ☐ Other (specify) ☐ MTS Gel ☐ Solid Phase			

Specimen

Date collected (YYYY-MM-DD)	Time collected (24 hour clock)	Collected by
Mode of Transport	Expected date/time of arrival:	

☐ Minimum of two 7 ml EDTA specimens sent.
☐ Notify Edmonton Diagnostic Services. Fax completed requisition to 780-431-8779 or phone 780-431-8765.

Testing Required

Reason for Request (Attach serological worksheets / antigram)

☐ Antibody Investigation ☐ Fetal Bleed Screen
☐ ABO/Rh Investigation ☐ Postnatal Investigation (submit both mother and cord sample)
☐ Direct Antiglobulin Test

Is Blood Required? ☐ No ☐ Yes # of units: _____ ☐ Irradiated ☐ Phenotyped Date required:_____

NOTE: Customer to order blood through Product Distribution. Fax (780) 433-4478

If submitting segments, send a minimum of 2 segments per unit, labeled with the donation number. List donation, segment #'s below.

Donation (Unit) #	Segment #	Donation (Unit) #	Segment #

Comments:

All information must be completed or testing will not be performed.

FOR CANADIAN BLOOD SERVICES USE ONLY

Patient History Check: Initial:_____ ☐ No History

☐ Historical ABO/RH:_____ ☐ Known Antibodies:_____

☐ NetCare:_____ Back File: ☐ Attached ☐ Offsite

Reviewed By:_____ Date:_____

Canadian Blood Services Label