

**IMPORTANT** – Forward requisition and samples to  
 Canadian Blood Services BC & Yukon Diagnostic Services  
 4750 Oak Street, Vancouver, BC

**CANADIAN BLOOD SERVICES - WINNIPEG CENTRE**  
 777 William Ave. Winnipeg, MB R3E 3R4  
**PLATELET IMMUNOLOGY LABORATORY**

PLEASE USE NAME PLATE OR PRINT

Mail Report to \_\_\_\_\_  
 Facility \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
 Physician/Authorized Health Care Provider \_\_\_\_\_  
 Diagnosis \_\_\_\_\_

PHIN \_\_\_\_\_  
 LAST NAME \_\_\_\_\_  
 FIRST NAME \_\_\_\_\_  
 DOB \_\_\_\_\_  
 YYY - MM - DD  
 Male  Female

**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
- Neonatal Investigation - Maternal  
 1 x 10 mL SST serum and 3 x 5 mL EDTA  
 (Currently Pregnant?  Yes  No)
- Neonatal Investigation - Paternal (separate requisition required)  
 5 x 5 mL EDTA  
 Mother's Name: \_\_\_\_\_  
 Mother's PHIN: \_\_\_\_\_
- Post Transfusion Purpura - 1 x 10 mL SST serum and 3 x 5 mL EDTA

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 \_\_\_\_\_

**Collection Procedure**

Step	Responsibilities of Phlebotomist (person collecting the sample)
1	The phlebotomist must positively identify the patient by comparing the following information on the requisition with the information on the patient's wristband, if available, <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	The phlebotomist must collect the appropriate sample(s).
3	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 <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, and</li> </ul>
4	The phlebotomist must complete the requisition by <ul style="list-style-type: none"> <li>● printing his/her name, classification, and initials, and</li> <li>● recording the date and time of collection.</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