

**GUIDELINES FOR REQUEST LEVELS****STAT (Emergency) Request Level**

The following questions are designed to help identify referrals for immunohematologic resolution that should be elevated to an emergency (STAT) workup.

1. Patient's clinical symptoms:
  - \* High output failure: heart failure-rapid beating with insufficient O2 delivery.
  - \* Angina: coronary artery disease with persistent decrease in O2 delivery to myocardial muscle.
  - \* Impending stroke: cerebral vascular disease with persistent decrease in O2 delivery to cerebrum.
2. Is the patient actively bleeding? Yes / No  
*Note: a rapid drop in hemoglobin (> 1 gm/dK / 24 hours) places patient at risk.*
3. Does the patient require surgery during the next 24 hours? Yes / No
4. Are all units incompatible? Yes / No

Emergency status should be considered for those patients who:

- \* Suffer any of the symptoms listed in #1, -- OR --
- \* Have a "Yes" answer to either question 2 or 3 and 4.

Turnaround time for reporting preliminary results (verbally or by fax) on a STAT request is, generally, within 8 hours of sample receipt. Please remember to complete, as thoroughly as possible, the Immunohematology Reference Laboratory Request Form (FORM 2012.05), and contact CBS IRL personnel.

**ASAP (As Soon As Possible) Request Level**

- \* Non-critical in-patient with an order to transfuse or scheduled surgery within 48 hours
- \* Out-patient same day transfusions.
- \* Turnaround time for reporting preliminary results is within 24 hours of sample receipt.
- \* Please inform the CBS IRL technologist to approve continuation of work-up beyond regular business hours.

**Routine Request Level**

- \* Patients with no transfusion orders or future date transfusion / surgery.
- \* Turnaround time for reporting final report is 1 - 5 days.

**For Blood Center Use Only**

Case Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

**Submitting Facility Information**

Facility Name : \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Fax: \_\_\_\_\_

Requesting Physician: \_\_\_\_\_

**Urgency of Request : Please refer to page 1 for guidance.**

- 
- Routine, date needed \_\_\_\_\_
- 
- 
- Routine, transfusion not needed

- 
- Blood for surgery, date \_\_\_\_\_
- 
- 
- ASAP
- 
- 
- STAT

**Sample Collection**

Date: \_\_\_\_\_

Time: \_\_\_\_\_

**Patient Information**

Patient Name: \_\_\_\_\_

Patient Facility ID (MRN): \_\_\_\_\_

Birthdate: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Gender:  M  F

ABO/RH: \_\_\_\_\_

**Clinical Status**

Diagnosis: \_\_\_\_\_

Medications: \_\_\_\_\_

Rhlg given?  Y  N

Date: \_\_\_\_\_

Hgb/Hct: \_\_\_\_\_

Platelet Count: \_\_\_\_\_

Patient Bleeding?  Y  N**Transfusion History**Within the last 3 months?  Y  N

Dates and Products: \_\_\_\_\_

Prior to last 3 months?  Y  N

Dates: \_\_\_\_\_

History of transfusion reactions?  Y  N

Dates: \_\_\_\_\_

Reaction Type: \_\_\_\_\_

History of stem cell/bone marrow/cord blood transplant?  Y  N

Dates: \_\_\_\_\_

Patient's ABO/Rh prior to transplant: \_\_\_\_\_

Donor ABO/Rh: \_\_\_\_\_

Indicate previous antibodies detected: \_\_\_\_\_

DAT Poly: \_\_\_\_\_ IgG: \_\_\_\_\_ C3: \_\_\_\_\_ Control: \_\_\_\_\_

**Pregnancy History**Currently pregnant?  Y  N

Due date: \_\_\_\_\_

Number of pregnancies: G: \_\_\_\_\_ P: \_\_\_\_\_

**Testing Request: See page 2 for sample requirements**

- 
- Antibody ID
- 
- Transfusion reaction investigation
- 
- 
- Antibody Titer
- 
- ABO/Rh discrepancy resolution
- 
- 
- Other \_\_\_\_\_

**For Blood Center Use Only**

Date and Time Sample Received: \_\_\_\_\_

Received By: \_\_\_\_\_

**HOURS OF OPERATION****Monday to Friday, 8 am to 5 pm**

Phone: 201-251-3975

Fax: 201-573-4625

**Off hours, Saturday, Sunday, Holidays\***

Phone: 877-237-6862

Fax: 201-573-4628

\*CBS Dispatchers will contact the on-call Immunohematologist.

Test Request	Sample Requirements
<b>Red Cell / Antibody ID testing</b>	1 clot and 4 EDTA tubes
<b>Antibody Titer</b>	1 clot and 4 EDTA tubes * <b>Note:</b> an antibody identification is performed prior to performing antibody titration
<b>Transfusion Reaction Investigation</b>	<b>PRE</b> -transfusion sample (1 clot and 4 EDTA tubes), <i>if available</i> <b>POST</b> -transfusion sample (1 clot and 4 EDTA tubes) segments of transfused unit
<b>Molecular Testing</b>	1-2 EDTA tubes

**Sample Considerations:**

1. Anticoagulated samples should be drawn in a purple or pink top tubes (EDTA).
2. Clotted samples should be drawn in a plain red top tube.
3. **DO NOT send samples in gel separator tubes.**
4. Each sample tube must be labeled with patient's name, date and time sample was drawn, and a second unique patient identifier number.  
**NOTE:** \* Unique patient identifiers include: Patient's first and last names, medical record number, date of birth, driver's license number  
\* Unlabeled specimens cannot be tested.
5. If sending unit segments for testing, label each segment with Donor Identification Number (DIN) and include list of DINs, segment numbers, and ABO/Rh
6. Patient name on tube must exactly match patient name on request form.
7. Additional samples may be requested for complex problems.
8. Fill tubes to maximum allowable. Insufficient sample volumes (QNS) may delay testing or prevent completion of testing.

**Instructions for Completing Request Form:**

1. Please contact blood center before sending samples to arrange sample pick-up and/or shipping.
2. Fill out this request form as completely as possible.
3. Attach copies of any work performed at your facility.
4. Attach any copies of work performed at other facilities.
5. Update the IRL for any changes in the status of the request.
6. Incomplete or illegible information will delay completion of testing.
7. Additional patient or clinical information may be required to resolve serological problems and locate compatible blood.
8. **The IRL will advise you if your sample will be forwarded to one of our network IRLs.**

**Turnaround Times**

Preliminary results of antibody assessment:   STAT       8 hours   (Emergency fees may apply)  
  ASAP       24 hours  
  Routine    1-2 days

Molecular testing:       7-10 days

**NOTE: All TATs are measured from the time the sample is received by the testing laboratory.**

**Hours of Operation**

Regular Laboratory Hours are **Monday to Friday 8:00 am to 5:00 pm**  
Immunoematologists are available **ON-CALL** evening, weekends, and holidays for **emergency requests**  
An **emergency fee** will be charged for any work-up requiring completion during **OFF-HOURS**  
Additional **hourly surcharge fees** apply for testing performed or completed **after midnight**