

REQUEST FOR REFERENCE LABORATORY CONSULTATION

UnityPoint Health St. Luke's-North
2720 Stone Park Blvd
Sioux City, IA 51104

I. PATIENT INFORMATION:

Name: _____ DOB: _____

Patient Hospital Identification Number: _____

Date of Request: _____ Date sample drawn: _____

Hospital: _____ City/State: _____

Physician: _____

Facility Phone number: _____ Fax number: _____

II. TEST(S) REQUESTED:

Type and Screen: _____ Fetalscreen: _____

Antibody Identification: _____ Cord Blood: _____

Transfusion Reaction: _____ Other: (specify) _____

Crossmatch: _____ Antibody Titer: _____

Special Product Requirements: (i.e. Irradiated, CMV Neg, etc.)

III. CLINICAL HISTORY:

Diagnosis: _____

Pregnancies: _____

Last Rhogam injection: _____

Mother's information (Cord specimens): _____

Previous Transfusions: YES NO Dates and products: _____

Known Antibodies: _____ Studied before? _____ Where: _____

Medications: **Please attach list**

IV. LABORATORY RESULTS:

ABO: _____ Rh: _____

DAT: _____

	IS	37 C	AHG
I			
II			
III			
Auto			

Number units crossmatched: _____ Number compatible: _____

Number incompatible: _____

(Please include a copy of the manufacturer's screening cell antigram and paperwork)

ADDITIONAL COMMENTS:

INSTRUCTIONS FOR CONTACTING ST. LUKE'S LABORATORY

1. Contact St. Luke's Laboratory by calling: 1-712-279-3164 ext. #4. This number is utilized 7 days a week 24 hours a day.
2. Sample Requirements:
 - a. Type and screen/Antibody Identification: At a minimum collect **TWO** 6mL EDTA tubes or **FOUR** 4mL EDTA tubes and **ONE** 6mL Red top. **DO NOT** separate the specimens.
 - b. Positive Direct Coombs: **TWO** 6mL or **FOUR** 4mL EDTA tubes. **DO NOT** separate the specimens.
 - c. Cord Blood: Send cord blood specimen. Include mother's type, screen results, and any known antibodies.
 - d. Transfusion Reaction: Send patient's pre and post specimens and donor segments.
 - e. Fetalscreen: **ONE** 6mL or 4mL EDTA drawn post-delivery.
 - f. Antibody titer: **TWO** 6mL or **FOUR** 4mL EDTA tubes. **DO NOT** separate the specimens.

All samples MUST be labeled with the patient's full name, date of birth, unique identification number, the date drawn, and collector's initials. Do not relabel specimens.

3. Segments submitted need to be labeled with a unit number sticker and a scanned copy of the front of the unit with the barcodes readable. Write the segment number on the photo copy.
4. Please include patient's insurance information.

Person contacted at St. Luke's: _____

Date and time of notification: _____