Australian Red Cross
BLOOD SERVICE

Red Cell Reference Laboratory Request

Laboratory	Please select -->	Storage and transport guidelines	Sample requirements
Please address samples to: **Red Cell Reference Laboratory** Australian Red Cross Blood Service Phone: Fax:		Store samples at 2-8°C. Pack samples in a secure container and transport cool/refrigerated as per regulatory requirements. Transport time should not exceed 48 hours. Clearly label the outside transport container with the delivery address and mark as "store at 2-8°C".	Patient samples MUST be clearly labeled with full name, date of collection and either date of birth or MRN. Ensure samples and request forms display identical information.

The Red Cell Reference Laboratory reserves the right to refuse receipt of samples not adhering to the above requirements

Degree of urgency ☐ Routine ☐ ASAP ☐ **Urgent** (Phone before sending)

Patient/donor details			
Surname		Date of birth	
Given name(s)		Sex ☐ M ☐ F	
Address			
Donor ID		Other ID	
Donation no		Collection date	

Patient/donor history			
Clinical notes			
☐ Yes ☐ No Previous transfusion		Date of last transfusion	
Donation numbers (if applicable)			
☐ Yes ☐ No Pregnant now	Due date		☐ Yes ☐ No Previous pregnancies
☐ Yes ☐ No Rh(D) Ig Given	Last Given		

Reason for referral		**Minimum sample requirements**
☐	Antibody Identification (including suspected transfusion reactions)	2 x 5mL EDTA (Donor Unit Segments, pre & post transfusion samples)
☐	ABO Investigation	5mL anticoagulated blood
☐	Rh (D) Investigation	5mL anticoagulated blood
☐	Phenotype (Specify)	5mL anticoagulated blood
☐	Genotype (Specify)	5mL anticoagulated blood
☐	Anti-D / anti-c Quantitation (Specify)	1mL separated sample of serum or plasma (visually inspected for haemolysis, precipitate or gel formation)
☐	Other (Specify)	Contact the laboratory for details

Your laboratory findings (Attach all worksheets)			
ABO/Rh (D)		Antibody detected by	
DAT		☐ Saline RT	☐ PEG-IAT
Phenotype		☐ Enzyme	☐ Low-Ionic IAT
Previous antibody history / comments		☐ CAT (Specify)	
		Titre	

Referring laboratory			
Laboratory name			
Contact			
Email			
Address			
Phone		Fax	
Date sent		Signature	

Preferred reporting method (please select)			
Final report	☐ Email	☐ Fax	☐ Post
Interim report	☐ Email	☐ Fax	

ARCBS use only

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Web donateblood.com.au