LABORATORY SERVICES
SEROLOGICAL CONSULTATION REQUEST FORM

Shreveport Laboratory
Telephone: (318) 673-1466 / (866) 842-3779
Fax: (318) 227-8317

Lake Charles Laboratory
Telephone: (337) 439-5851 / (800) 256-4932
Fax: (337) 494-3853

Items marked with an asterisk (*) are required fields. Failure to complete may cause delays.

Requesting Facility:*

Hospital/Facility: ____

Address: ____

Telephone: ______________________________ Fax: ______________________

Requested By: ___________________________ Date Requested: _______________

Patient Information:

Name*: ______________________________ DOB*: _________ Race*: _____ Sex*: ☐ M ☐ F
(Last) (First) (MI)

SSN: ____________________ (If available) Patient ID*: ______________________________ (Identification number for use on transfusion tags and paperwork)

Primary Clinical Diagnosis*: ______________________ Admitting Diagnosis*: ______________________

Requesting Physician*: __________________________

History of Pregnancy: ☐ Yes ☐ No Pregnant: ☐ Yes ☐ No RhIG in last 6 months: ☐ Yes ☐ No

History of Transfusion*: ☐ Yes ☐ No RBC Transfusion within last 3 months: ☐ Yes ☐ No ☐ Unknown
If Yes, # of Transfusions: _________ If Yes, Date of Last Transfusion: ___________ # of Units: _______

History of Antibodies: ☐ Yes ☐ No If Yes, list antibody(s): ______________________________

Clinical Information: (Most current available)

Hgb/Hct: _______ Retic Count: ______ Plt Count: _____ Patient Actively Bleeding*: ☐ Yes ☐ No

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Reason for Referral: ***(Attach copies of initial testing, i.e. ABO/Rh Typing, Antibody Screening, Panel Sheets, etc.)***

Describe Initial Serological Findings*: ____

Method Used: ☐ Gel ☐ Solid Phase ☐ Tube Enhancement Used: ☐ LISS ☐ PEG ☐ Enzyme ☐ None

☐ Sickle Cell Disease Protocol: Requires patient enrollment for participation – contact lab staff for additional information

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Requested Services*: (Consultation testing may include serological and/or molecular typing as indicated)

☐ Resolve/Identify Serological Problem (No products requested) Blood Type: ______________

☐ Crossmatch Components ☐ Antigen Negative Units: Negative for: ______________

Component Type Requested: ____________________ Number Requested: ___________________________

Additional Requirements: ☐ CMV Neg ☐ Irradiated ☐ Hgb S Neg ☐ Other ______________________

Consultation Requested For:
☐ Scheduled Surgery or Medical Procedure
☐ Recurring Transfusion (i.e. Anemia, Dialysis, etc.)
☐ Trauma or Other Acute Condition

Date/Time Needed: ____
(Minimum of 4 hours required to evaluate consultation requests)

Consultation requests will be processed in order received. Priority and after hours testing requests must be coordinated with laboratory staff prior to submitting samples.

LBC Use Only: SafeTrace Tx Patient ID: ___________________ SafeTrace Tx Order ID: _______________________

(See reverse for additional information)

Instructions for Submitting Samples

1. Call to notify laboratory of intention to submit sample. Specify problem encountered. Additional service charges will apply for all priority testing and work performed on weekends, holidays, and between 1900 and 0600 Monday – Friday.

   ➢Shipping Samples to Shreveport Laboratory

   Hours of Operation: Monday - Friday: 0600 – 2400

   Saturday & Sunday: 0700 – 1900 (Call tech available after 1900 for approved priority requests)

   Call/contact: Telephone: (318) 673-1466 or (866) 842-3779 Fax: (318) 227-8317

   Ship to: 8910 Linwood Ave
   Shreveport, LA 71106

   ➢Shipping Samples to Lake Charles Laboratory

   Hours of Operation: Monday - Friday: 0800 – 1700

   After hours samples may be forwarded to Shreveport upon request. A minimum of 12 hours processing time will be added to allow for transportation.

   Call/contact: Telephone: (337) 439-5851 or (800) 256-4932 Fax: (337) 494-3853

   Ship to: 214 Dr. Michael DeBakey Drive
   Lake Charles, LA 70601

2. Complete Side 1 of Serological Consultation Request Form.
3. Collect two 7-mL EDTA (purple or pink top) samples and a 10-mL clotted (plain red top) sample from the patient. Additional blood may be requested for complex problems. **Do not send samples in gel separator tubes.**

   Label each tube with:

   - Complete patient name (Last, First, Middle Initial) as it appears on hospital records
   - Unique patient identification as it appears on hospital records, preferably social security number (SSN).
     Note: ID number must match either SSN or Patient ID number on the written request form
   - Date and time sample drawn
   - Phlebotomist's initials

Please do not separate plasma or serum from red cells. Serological work will not be performed on improperly labeled or separated samples.

4. Prepare samples and request form for shipment to Laboratory using standard protocol for shipment of biological specimens.
5. Ship samples and request form to the appropriate Laboratory. Shipping may be arranged by contacting the local LifeShare Blood Center to coordinate transport on a scheduled courier run. Alternately, samples and request form may be shipped via bus, mail, or facility arranged courier. Samples shipped directly from a facility must be on wet ice in an insulated container. Insulated containers are available from the local LifeShare Blood Center.
6. Notify Laboratory of estimated arrival time for specimen.

Notes:

- Consultation/reference testing is not a STAT or ASAP service. Priority handling will be considered based on patient status. Initial evaluations may take 4 to 8 hours with final reports completed within 72 hours of receipt.
- Incomplete or illegible information will delay completion of testing.
- Every effort will be made to complete testing in a timely manner. Complexity and workload volume may result in delays. Laboratory staff will notify requesting facility when extended delays are anticipated.
- Washed products require Medical Director approval and a minimum of 2 hours preparation time per product.
- Additional patient or clinical information may be required to resolve serological problems and locate compatible blood.

LifeShare Blood Centers shall not be liable or responsible for patient treatment delays resulting from consultation testing or unavailability of blood products. The requesting facility will maintain contingency plans for addressing patient care in the event of blood product availability delays.