

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

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

Items with an * (asterisk) are required

***Requesting Facility:**

Facility Name _____
Street Address _____
City State Zip Code _____

***Facility email:**

Final Report will be sent to this email address _____
Phone: _____ Fax: _____
Date: _____ Completed by: _____

***Does facility use electronic patient identification system?** Yes No

***Ordering Physician:** _____
First and Last Name

Current Laboratory Testing (if performed):
Blood Type: _____ HGB/HCT: _____
Retic count: _____ Plt count: _____
Patient Actively Bleeding: Yes No
Serologic Findings:

SCI	SCII	SCIII	AC

Method used: Gel Tube Solid Phase
Enhancement used: _____
(Attach copies of testing, i.e. ABO/Rh Typing, Antibody Screening, Panel sheets, etc.)

History of Pregnancy: Yes No
Currently Pregnant: Yes No
RhIG in last 6 months: Yes No
History of Transfusion: Yes No
Last date of Transfusion: _____
History of Antibodies: Yes (list below) No

Additional Information: _____

***Date/Time needed:** _____

Patient Information: (must match sample tubes exactly)

*Name: _____
Last First MI
*ID#: _____
ID# for results and crossmatch tags
*Date/Time Drawn: _____ *Phlebotomist ID: _____

SSN: _____ *DOB: _____
*Race: _____ *Sex: Male Female
*Current diagnosis: _____

***Requested Services:**

- Resolve/Identify Serological Problem
- Crossmatch
- Type and Screen
- ABO/Rh
- Antigen Negative Units Blood Type: _____
- Neg for: _____
- Other: _____

Requested Component: (type and number requested)

- RBC _____ FFP _____
- Platelet _____ Cryo _____

Component Requirements:

- CMV Negative Hgb S negative
- Irradiated Other: _____

For LBC Use Only Date: _____ Rack: _____
ABO/Rh: _____ Database #: _____
Order #: _____ Patient #: _____
LifeShare Antibody History: No History of antibodies

Component Requirements:
 CMV Negative
 Hgb S negative
 Irradiated
 Other:
Additional Comments: _____

Initials: _____

Instructions for Submitting Samples

1. Collect two 7-mL EDTA (purple or pink top) samples and one 10-mL clotted (plain red top) sample from the patient. If red top tubes are not available, multiple EDTA tubes may be submitted to compensate. Additional blood may be requested for complex antibody identification problems.
 - **Do not send samples in gel separator tubes. Do not separate plasma or serum from red cells.**
 - **Testing will not be performed on separated samples.**
 - **Insufficient sample volume may delay testing or prevent completion of testing.**
2. Label samples with complete patient name (Last name, First name) and unique patient ID number.
3. Complete Side 1 of the Consultation/Compatibility Request Form. Items with an * (asterisk) are required.
 - **Use one Patient ID number on the request form. This number must be a unique identifier used to identify the patient for transfusion. Multiple identifiers in the Patient ID field may result in rejection of the request.**
 - **The Patient Name and Patient ID number on the request and tubes must match exactly. Samples not matching the request will be discarded and the requesting facility notified to submit a new sample.**
 - **The Date/Time of sample collection and phlebotomist ID are required on the request form and the requesting facility must have a mechanism to track this information.**
 - **Facility email is required. Final Reports for patient workups will be sent to the email supplied on the request form.**
4. Prepare samples and request form for shipment using the standard protocol for shipment of biological specimens.
5. Call the laboratory to notify of intention to submit samples and services requested. Additional service charges may apply for all priority testing and work performed on weekends, holidays, and between 2000 and 0600 Monday – Friday.

➤ Shipping Samples to Shreveport Laboratory

Hours of Operation: Sunday - Saturday: 0600 – 2400

Call tech available after hours for 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: Sunday - Saturday: 0800 – 1700

Call tech available after hours for priority requests.

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

6. Ship samples and request form to the appropriate laboratory. Shipping may be arranged by contacting the local LifeShare Blood Center. Alternatively, the samples and request form may be shipped directly to the lab via taxi, mail, or facility arranged courier. Samples shipped directly from a facility must be on wet ice in an insulated container.
7. Notify the laboratory of the estimated arrival time for the specimen. Fax a copy of the request form to the appropriate laboratory.

Notes:

- Consultation/reference testing is not a STAT or ASAP service. Priority handling will be considered based on patient status. Initial evaluations generally take 4 to 8 hours with final reports completed within 72 hours. Priority and after hours testing requests must be coordinated with laboratory staff prior to submitting samples.
- Incomplete or illegible documentation/labeling will delay testing and may result in samples being discarded.
- Additional courier fees may be incurred if a new or additional sample is required.
- Every effort will be made to complete testing in a timely manner. Requests will be processed in the order received. Complexity and workload volume may result in delays. Laboratory staff will notify the requesting facility when extended delays are anticipated.
- Washed products require the Medical Director's 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.
- Two (2) separately collected samples, or one (1) sample collected using an electronic patient ID system, are required for patients without a blood type on file.
- If group O cellular products are required due to lack of positive patient ID via electronic patient id system or second blood sample, a per unit surcharge will be assessed and there may be delays providing blood products.

LifeShare Blood Center 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.