

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.

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## 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.

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***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.***