



Immunohematology Reference Laboratory Consultation/Compatibility Request Form

Shreveport Reference Laboratory
Tel: 318-673-1466 or 866-842-3779
Fax: 318-227-8317

Baton Rouge Laboratory
Tel: 225-478-1159
Fax: 225-478-1158

Lake Charles Laboratory
Tel: 337-439-5851 or 800-256-4932
Fax: 337-494-3853

***Items marked with an * (asterisk) are required either by Standards/LifeShare Blood Center**

*Requesting Facility Information

Facility Name: _____

Facility Address: _____

Phone Number: _____ Fax Number: _____

*Facility Email (final reports will be sent to this email): _____

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

*Patient Information *(must match tubes exactly)*

*Name: _____
Last First Middle

*ID#: _____
ID# (will be used on crossmatch tags and results)

*Draw date/time _____ *Phleb. Initials _____

SSN: *(used to verify patient between facilities)* _____

*Race: _____ *DOB: _____

*Sex: Male Female

*Diagnosis: _____

If cancer, list type: _____

Is patient actively bleeding? Yes No

*Ordering Physician: (first and last name) _____

*Completed by/date: _____

*Requested Services:

- Resolve Serologic Problem ABO/Rh
- Type and Screen Other: _____
- Crossmatch
- Antigen Negative Units: ABO/Rh: _____
- Negative for: _____

Requested Components: type and number

- RBC _____ Platelet _____
- FFP _____ Cryo _____

Component Requirements:

- CMV Negative HbS Negative
- Irradiated Other: _____

*Date and Time needed: _____

Current Laboratory Findings:

Blood Type: _____ *Hgb/Hct: _____

Retic Count: _____ Plt Count: _____

Serologic Findings: Testing not performed

Screen Cell 1	Screen Cell 2	Screen Cell 3	Auto Control

Method used: Tube Gel Solid Phase

Enhancement Media: _____
Attach copies of testing, i.e. ABO/Rh typing, antibody screen, panel sheets, etc.

History of Pregnancy: Yes No Unknown

Currently Pregnant? Yes No Unknown

RhIG in last 6 months? Yes No Unknown

*History of Transfusion? Yes No Unknown

Last date of transfusion? _____

History of antibodies: Yes (list below) No

Additional Information: _____

LBC Use ONLY Date: _____ Rack: _____

ABO/Rh: _____ Database: _____

Patient #: _____ Order #: _____

Antibody History: No history of antibodies

Component Requirements:

- CMV Negative HbS Negative
- Irradiated Other: _____

Additional comments: _____

Tech Initials: _____

Instructions for Submitting Samples

- 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.
- Label samples with complete patient name (Last name, First name) and unique patient ID number.
- 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.
 - Patient Name and Patient ID number on the request and tubes must match exactly.** Samples not matching the request will be rejected 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.** 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.
- Prepare samples and request form for shipment using the standard protocol for shipment of biological specimens.
- 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 non-routine hours. See each lab's shipping information for non-routine business hours.
- Ship samples and request form to the appropriate laboratory. Arrange shipment by contacting the local LifeShare Blood Center OR 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.
- Notify the laboratory of the estimated arrival time for the specimen. Fax a copy of the request form to the appropriate laboratory.

Shipping Samples to Shreveport Laboratory

Hours of Operation: M-F: 0700 – 2300, Wknd: 12hr on call/day
Non-Routine hours: 2000 – 0700

- Call tech is available after hours for consultation or 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: M-F: 0800 – 1700, Wknd: 12hr on call/day
Non-Routine hours: 1700 – 0800

- Call tech is available after hours for consultation or approved 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

Shipping Samples to Baton Rouge Laboratory

Hours of Operation: Monday – Friday: 0800 – 1700
Non-routine hours: 1700 – 0800

- Out of town call tech is available after hours for consultation or approved priority requests. For these situations, contact the Shreveport Laboratory. See above for details.

Call/Contact: Telephone: (225) 478-1159
Fax: (225) 478-1158

Ship to: 5745 Essen Lane, Suite 102
Baton Rouge, LA 70810

Notes:

- Consultation/Reference testing is not a STAT or ASAP service. Priority handling considered based on patient status. Initial evaluations generally take 4 to 8 hours with final reports completed within 72 hours. Priority and after hours requests must be coordinated with laboratory staff prior to submitting samples.
- Incomplete or illegible documentation/labeling will delay testing and may result in sample rejection.
- Additional courier fees may incur 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 delay 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.