

IMMUNOHEMATOLOGY CONSULTATION REQUEST

PATIENT INFORMATION

Date: _____

Patient Name: _____ Age/DOB: _____ Gender: _____

Hospital: _____ Patient ID Number: _____ Physician: _____

Ethnicity: African American Asian Hispanic Native American Pacific Islander Caucasian Other _____

Clinical Diagnosis: _____

Hgb/HCT _____ Active Bleeding? _____ Signs of hemolysis? _____ HDFN? _____

Medications (if applicable): _____

TRANSFUSION HISTORY

Transfusion History: Within last 3 months (Number /dates): _____
 If available, please send pre transfusion sample

Prior to last 3 months (Number /dates): _____

History of reactions? No Yes, describe _____

Previous Pregnancy? No Yes, Number/date(s): _____ Stem Cell transplant? No Yes, date(s) _____

Rhlg? No Yes, date(s): _____ IVIG? No Yes, date(s) _____

Daratumumab/anti-CD38 drug? No Yes, date(s): _____

NATURE OF DIFFICULTY

_____ ABO/Rh typing _____ Suspected Transfusion Reaction _____ Hemolytic Disease of Newborn

_____ Unidentified Antibodies _____ Positive Direct Antiglobulin Test _____ Incompatible Crossmatch

_____ Other - Explain _____

TEST RESULTS (Please send copies of your worksheets)

ABO/Rh _____ Direct Antiglobulin Test: Polyspecific _____ Anti-IgG _____ Anti-C3 _____

Known Antibodies: _____

Methodology: (circle) Tube (Enhancement: PEG / LISS / SALINE/ Other _____) / Gel / Solid Phase

Describe current transfusion problem and/or reason for submitting: _____

BLOOD REQUEST Do you have a request from a physician to transfuse this patient? ___ No ___ Yes

No. of RBC units: _____ Date/Time needed: _____

_____ IRL to crossmatch units (submit Request for Blood form)

_____ Antigen Negative (No crossmatch performed; submit Request for Antigen Negative Red Blood Cells form)

_____ Screened with patient serum (Crossmatch not required)

Phone Report needed? Yes _____ No _____ Phone: _____

Preliminary Report needed? Yes _____ No _____ FAX: _____

- Directions:**
1. Complete a Request For Testing form to order testing; attach to the Immunohematology Consultation Request.
 2. See BloodworksNW website: <http://www.bloodworksnw.org/laboratories/index.htm> or Request For Testing form for sample requirements / shipping instructions.
 3. Notify IRL of shipping arrangements.

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