Bloodworks Labs
LABORATORY SERVICES

Immunohematology Reference Laboratory (IRL)
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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)**_____
RhIg? ☐ **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 ***D*****o you have a request from a physician to transfuse this patient?** ☐ **No** ☐ **Yes**

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

☐ **IRL to crossmatch units (MUST submit Request for Blood & Blood Components form)**

☐ **Antigen Negative units only (submit Request for Antigen Negative Red Blood Cells form or order via BloodHub)**

☐ **Screen units 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.