

Australian Red Cross Blood Service

Red Cell Reference Laboratory Request - VIC**Red Cell Reference Laboratory**

Australian Red Cross Blood Service
 CNR Kavanagh and Balston Streets
 SOUTHBANK VIC 3006
 Phone: 03 9694 0282
 Fax: 03 9694 0331

Storage and Transport Guidelines:

Store samples at 2-8°C.
 Pack Samples in a secure container and transport
 cool/refrigerated as per regulatory requirements.
 Transport time should not exceed 48 hours

Sample Labelling Requirements:

Patient samples MUST be clearly labeled
 with full name, date of collection and either
 date of birth or MRN.
 Ensure samples and request forms display
 identical information

The Red Cell Reference Laboratory reserves the right to refuse receipt of samples not adhering to the above requirements

Degree of Urgency: Routine ASAP **Urgent** (Must phone before sending)

Patient Details:

Surname: _____ Given Name(s): _____
 Sex: M / F DOB: / / Other ID: _____
 Collection Date: / /

Patient History:

Provisional Diagnosis: _____
 Previous Transfusion: Y / N Date Last Transfusion: / /
 Donation Numbers (If Applicable): _____
 Previous Pregnancies: Y / N Pregnant now: Y / N Due Date: / /
 Rh(D) Ig Given: Y / N Last Given: / /

Reason for Referral:

- ABO typing
 Rh(D) typing
 Antibody Identification
 Incompatible Crossmatch
 Suspected Transfusion Reaction
 Other: (please specify) _____

Sample Requirements:

10mL EDTA
 10mL EDTA
 10mL EDTA and 5mL clotted blood
 10mL EDTA and 5mL clotted blood (Incompatible Segments)
 Pre and Post samples and any incompatible units

Your Laboratory Findings:**(Attach all Worksheets):**

ABO/Rh (D): _____ Phenotype: _____ DAT: _____
 Antibody Detected By: Saline RT Saline 37°C Enzyme Other (specify) _____
 Saline IAT Low-Ionic IAT PEG-IAT
 DiaMed Biovue Lateral Grifols

History / Comments: _____

Referring Laboratory:

Contact: _____
 Address: _____

 Phone: _____
 Fax: _____
 Date Sent: / /

ARCBS Use Only:

Received by: _____
 Logged in by: _____
 Date Received: / /
 Samples Received: _____
 Condition of samples: _____
 New Patient: Y / N
 Year: _____ Lab No: _____

ARCBS Lab Number