

Red Cell Reference Laboratory Request - WA

Red Cell Reference Laboratory

Australian Red Cross Blood Service
290 Wellington Street
PERTH WA 6000
Phone: 08 9421 2864
Fax: 08 9421 2841

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 labelled 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/Donor Details:

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

Patient/Donor History:

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

Reason for Referral:

- Antibody Identification
- ABO Investigation
- Rh (D) Investigation
- Antibody Titre
- Anti-D Quantitation
- Anti-c Quantitation
- Phenotype: _____ (Specify)
- Other: _____ (Specify)

Sample Requirements:

- 10mL EDTA and 5mL clotted blood
- 10mL EDTA
- 6mL EDTA
- 1mL serum or plasma
- 1mL serum or plasma
- 1mL serum or plasma
- 6mL EDTA

Your Laboratory Findings:

(Attach all Worksheets):

ABO/Rh (D): _____ Phenotype: _____ DAT: _____
Antibody Detected By: Saline RT Low-Ionic IAT Enzyme Titre: _____
 Saline IAT PEG-IAT CAT
Previous Antibody History / Comments _____

Referring Laboratory:

Contact: _____
Address: _____

Phone: _____
Fax: _____
Date/Time Sent: ___ / ___ / ___ ____: ____

ARCBS Use Only: