BBH received Date _____ Time_____ Initials _____

Blood Bank of Hawaii

Request for Reference Laboratory Consultation

Please fax request to (808) 848-4768 and notify Reference Lab at (808) 848-4750 or (808) 848-4700 prior to sending specimens.

Submitting Facility (Hospital/Laboratory/Physician) Information

Facility Name _____ Phone_____

Address_____ Fax_____

Requesting Physician_____

Urgency of Request ☐ STAT

☐ Routine, transfusion needed, date/time_____ Hgb_____ PLT_____

# of units needed _____ Antigen Negative ☐Confirmed ☐Historical

☐ Routine, transfusion not needed

Patient Information

Patient Name _____ MRN_____

Gender ☐Male ☐Female Ethnicity_____ Date of Birth_____

ABO/Rh_____ Previously identified antibodies_____

Diagnosis_____

Transfusion history:

Transfused ever? ☐Yes ☐No # of units_____ Date last transfused _____

Pregnancy history: # of pregnancies _____

Medication history:

Any within last 3 months_____

Rh Immunoglobulin within the last 6 months ☐Yes ☐No

Daratumumab (or similar) within the last 6 months ☐Yes ☐No

Test(s) Requested

☐ Antibody Identification ☐ Titer only Anti- _____

☐ Prenatal Work-up (Antibody Identification and Titer) ☐ Antigen Typing for _____

☐ Extended Red Cell Phenotype/Genotype (may include serological and/or molecular, as indicated)

☐ Other _____

Sample Requirements

- 1 freshly drawn red top tube and 3-4 EDTA tubes
- Properly labeled with: Patient Name, ID number, Date of Birth, Date of Phlebotomy
- All information must be identical on both the request form and all sample tubes
- Include copies of work performed at your facility