**merican Red Cross - Platelet Serology Laboratory**

*Platelet Laboratory Use Only:*

Date: \_\_\_\_\_\_\_\_\_\_\_\_Time: \_\_\_\_\_\_\_ Initials: \_\_\_\_\_\_

Condition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Stored: \_\_\_\_\_\_\_\_\_

Accession#:

**Minnesota - Dakota Region, St. Paul, MN**

Phone: (651) 291-6797 - Local (855) 216-9202 – Toll-Free

Fax: (651) 291-3233

Web site: <https://www.redcrossblood.org/biomedical-services/blood-diagnostic-testing/neutrophil-testing.html>

*See Page 2 for instructions, sample types, labeling, and shipping requirements*

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| **Patient Information:****\***Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\*DOB \_\_\_\_\_\_\_\_\_\_\_\_**\***Patient ID/MR# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\***Gender \_\_\_\_\_ male \_\_\_\_\_ female**\***Institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Department/Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\***City/State/ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-Mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\*** ***Required Information***  | **Specimen Information**:**\***Collection date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\***Specimen type *(check one)* [ ]  Serum [ ]  Plasma (anticoagulant type) \_\_\_\_\_\_\_\_**\***Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Reports: [ ]  E-mail [ ]  Fax**\*** ***Required Information***  |
| **Diagnostic Platelet Tests:**[ ]  Platelet Antibody Identification [ ]  HPA-1a (PlA1) Antigen typing (Phenotyping)**Clinical Conditions:** [ ]  Alloimmune Neonatal Thrombocytopenia (NAIT)[ ]  Autoimmune Thrombocytopenia (AITP)[ ]  Post Transfusion Purpura (PTP)[ ]  Platelet Transfusion Refractoriness[ ]  Drug Induced Thrombocytopenia[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Relevant Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Platelet Crossmatch:**[ ]  Platelet Crossmatch (Order platelet products below) [ ]  Platelet Crossmatch Incompatibility Screen \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Specify ABO types)**Patient Information**\_\_\_\_\_\_\_\_\_\_\_\_ Patient’s ABO/Rh Type**Platelet Product Requirements**\_\_\_\_\_\_\_\_\_\_\_\_ Number of Platelet Products Requested\_\_\_\_\_\_\_\_\_\_\_\_ Date Needed\_\_\_\_\_\_\_\_\_\_\_\_ ABO/Rh Type Requested (Option #1) \_\_\_\_\_\_\_\_\_\_\_\_ ABO/Rh Type Requested (Option #2) \_\_\_\_\_\_\_\_\_\_\_\_ ABO/Rh Type Requested (Option #3) \_\_\_\_\_\_\_\_\_\_\_\_ ABO/Rh Type Requested (Option #4)**Special Requirements**[ ]  CMV Negative[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

# Instructions for Submission of Samples

1. Refer to the table below for specimen and shipping requirements. Specimens must be shipped following federal and local requirements for shipping biological substances category B.
2. Label the specimen vial(s) with the patient’s name, a second identifier (date of birth or medical record number) and the collection date. Patient name on the specimen must match the name on the request form.
3. Complete Page 1 of the request form and include it with the sample vial(s).
4. Send samples Monday-Thursday to ensure weekday delivery.

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| **Shipping Address:**Platelet Serology LaboratoryAmerican Red Cross100 South Robert StreetSt Paul MN 55107 | Business Hours: 8:00 AM – 4:30 PM | Monday-FridayPhone: (651) 291-6797 or (855) 216-9202Fax: (651) 291-3233 |
| **Website:** <https://www.redcrossblood.org/biomedical-services/blood-diagnostic-testing/neutrophil-testing.html> |

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| **Test** | **Specimen Requirements** | **Shipping** |
| Platelet Crossmatch Platelet Crossmatch Incompatibility Screen | * **3-4 mL plasma only (EDTA, ACD, CPD, or CPDA-1).**
* Separate plasma from red cells.
* Refrigerate or freeze specimen as soon as possible.
* Samples can be tested up to 14 days after collection.
 | * Send on wet ice/cold pack within 48 hours after collection.
* Send on dry ice greater than 48 hours after collection.
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| Platelet Antibody Identification (Indirect) | * **1 mL serum only.**
* Separate serum from red cells.
* Refrigerate for no longer than 48 hours after collection.
* Freeze specimen if greater than 48 hours after collection.
 | * Send on wet ice/cold pack within 48 hours after collection.
* Send on dry ice greater than 48 hours after collection.
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| HPA-1a (PlA1) Antigen Typing | * **6-10 mL EDTA whole blood (DO NOT SEPARATE).**
* Store whole blood at room temperature (**DO NOT REFRIGERATE OR FREEZE**).
* **Specimen must be tested within 24 hours following collection.**
 | * Needs to arrive at our lab less than 24 hours after collection.
* Send at room temperature
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# Send samples Monday-Thursday to ensure weekday delivery.