We Are Blood
4300 N. Lamar Blvd., Austin, TX 78756

Referenced in L.02.044 Transfusion Medicine Workflow, L.02.047 Emergency Release, and L.02.048 BBCS Downtime-Transfusion Medicine

Compatibility Clients
(Surgery Centers and Rehabilitation Facilities)

Testing
□ Type and Screen
□ Type and Crossmatch

Products
□ Red Blood Cells _____ (quantity)
□ Autologous □ Directed
□ Therapeutic Platelet Dose _____(quantity)

Priority: □ STAT □ ASAP □ Routine

Special Patient Requirements
□CMV Negative □Irradiated □Washed RBC

Sample Requirements
Three EDTA samples (additional samples may be requested if initial testing is positive). The following information **MUST** be on every sample submitted for testing. The 3mL EDTA sample must be collected at a separate time than the original and appropriately labeled as detailed below:

Patient's full name
MR# or SS#
Typenex # (Blood bank armband number)
Date/Time collected
Initials of person collecting samples

Reference Clients
(Hospitals)

Testing Panels
□ **Complete Antibody Identification –** may include ABO/Rh, antibody screen, panel, DAT, elution and/or antigen typing as required
□ **ABO/RH Discrepancy Workup –** may include antibody screen, panel, DAT, elution and/or antigen typing as required
□ **DTT Workup –** may include ABO/Rh, antibody screen(s), and/or antigen typing as required

Individual Tests
□ DAT (polyspecific, IgG, and complement)
□ Elution □ Adsorption

Priority: □ STAT □ ASAP □ Routine

Products: □ Red Blood Cells _____ (quantity)
□ CMV Negative □ Irradiated

Sample Requirements
Sample volume requirements vary with the testing requested. Please contact the Laboratory before sending samples for testing to ensure volume of sample is sufficient. At a minimum, samples must be labeled with:

Patient's full name
Hospital ID#, MR#, DOB or SS#
Date/Time collected
Initials of person collecting samples

Patient Information

Ordering Facility:			
Patient Name	Last:	First:	Sex:
Ordering Physician:		**Typenex Armband Number:**	
MR# or SS#:		**Date of Birth:**	
Original Sample Collected	**Date:**	**Time:**	**Initials:**
Compatibility Clients Only – Second separate sample	**Date:**	**Time:**	**Initials:**
Date/Time of Transfusion/Surgery:			

We Are Blood
4300 N. Lamar Blvd., Austin, TX 78756

Referenced in L.02.044 Transfusion Medicine Workflow, L.02.047 Emergency Release, and L.02.048 BBCS Downtime-Transfusion Medicine

Clinical Information

Diagnosis:		
Hemoglobin:	**Hematocrit:**	**Pregnancy History:** ☐**Yes** ☐**No**
Transfusion History: ☐**Yes** ☐**No**	**Date(s)/location(s) of transfusion(s) and Component(s) transfused:**	
	History of Adverse Reactions? ☐**Yes** ☐**No**	**If yes, please explain:**
Additional Information:		

Current Testing Results (For Reference Clients Only)

ABO/Rh	**Antibody Screen**				
		Tube Method			**Gel Method**
		IS	**37°**	**AHG**	
	Screen Cell I				
	Screen Cell II				
	Screen Cell III				
	*Auto Control				

DAT	**Tube Method**	**Gel Method**
Polyspecific AHG		
Anti-IgG		
Anti-C3b, -C3d		

*If routine testing doesn't include an auto control, please perform a DAT prior to sending samples.

Please send a copy of current testing results with samples.

For We Are Blood use only:

Time sample/request received:
Results Communication (date/initials):

Reviewed by: _____