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

Ordering Facility:			
Patient Name:	Last:	First:	
MR#:		**DOB:**	**Sex:**
Ordering Physician:			
Samples Collected	**Date:**	**Time:**	**Initials:**
Priority	☐ STAT ☐ ASAP ☐ Routine		

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 (Date of last daratumumab infusion: _____) –** may include ABO/Rh, antibody screen(s), and/or antigen typing as required
Individual Tests	☐ DAT (polyspecific, IgG, and complement) ☐ Elution ☐ Adsorption
Products Requested	☐ Yes ☐ No *If antigen negative units are required, please fax a completed* **F.0344 Special Product Orders** *form following receipt of testing results from WrB.*

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**
- **MR#/DOB**
- **Date/Time collected**
- **Initials of person collecting samples**

Additional samples may be requested if needed to complete testing.

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:**
Known previous antibodies and additional information		

Current Testing Results – Please send a copy of current testing results with samples.

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

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

For We Are Blood use only:

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

Reviewed by: _____

A. Revision History

Revision No.	Effective Date	Description	DCC No.
.01		New form	26-040