



Central California  
Blood Center

4343 W. Herndon Fresno CA 93722  
(559) 389-5483 Fax (559) 225-7490

**REFERENCE LAB REFERRAL FORM**

**(Bold Items Must Be Completed)**

Referring Facility \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_ Fax# \_\_\_\_\_

Patient Name \_\_\_\_\_ Hospital# \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Physician \_\_\_\_\_

Social Security # \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Diagnosis \_\_\_\_\_ Medications \_\_\_\_\_

Previously Transfused (Y/N) If Yes Date of last transfusion \_\_\_\_ / \_\_\_\_ / \_\_\_\_

History of Pregnancy(Y/N) Number? \_\_\_\_\_ History of HDN? (Y/N)

History of Reaction? \_\_\_\_\_

**Reason for Referral:**

\_\_\_\_\_ Positive Antibody Screen                      \_\_\_\_\_ Transfusion Reaction  
 \_\_\_\_\_ Crossmatch Compatibility Problems                      \_\_\_\_\_ HDN  
 \_\_\_\_\_ ABO Problems                      Other: \_\_\_\_\_

**Attach Hospital Lab Result Copies (anagrams with reactions) to this sheet.**

ABO/Rh \_\_\_\_\_ DAT \_\_\_\_\_ Auto Control \_\_\_\_\_

Phase where Antibody Screen Positive \_\_\_\_\_ Strength \_\_\_\_\_

Crossmatch Incompatibility Phase \_\_\_\_\_ Strength \_\_\_\_\_

**Reagents Used:** Polyspecific Coombs IgG Coombs Gel Peg Albumin  
 (Circle all used) N-Hance LISS Solid Phase Prewarmed?

Is blood ordered? \_\_\_\_\_ # of units \_\_\_\_\_ Urgency? \_\_\_\_\_

Submitted by \_\_\_\_\_  
 Date/Time Drawn \_\_\_\_\_ Date/ Time sent \_\_\_\_\_  
 Date / Time Received \_\_\_\_\_ Tech \_\_\_\_\_

**Specimen requirements:**

**Antibody ID: 2 Full EDTA tubes DAT workup: 2 Full 7ml EDTA**  
**(If DAT + Antibody send 4 EDTA)**

**HDN workup: Cord blood; mother's and father's EDTA if possible**

**Transfusion Reaction: Pre and Post EDTA and serum, post urine and segments from suspected unit**