



CCBC IRL Referral Form

Date: _____

Dr. Patrick C. Sadler, Medical Director

Patient Name: _____ DOB: _____

Hospital ID #: _____ Hospital: _____ Ethnicity: _____ Sex _____

Requesting Physician: _____ Recently Transfused: Date: _____

Diagnosis: _____ Medication (if applicable): _____

Routine STAT* Hgb/HCT _____ Active Bleed? _____ Specimen Collection Date: _____

Do you have a request from a physician to transfuse this patient? _____ No _____ Yes

Hospital Test Results:

ABO/Rh _____ Current Antibody Screen Results _____

DAT: Poly _____ IgG _____ C3 _____ Control _____ Known Antibodies _____

Note: Provide copies of current worksheets/antigrams

Reason for submitting specimen to CCBC: _____

Requested Testing to be done at CCBC:

- | | |
|---|--|
| <input type="checkbox"/> Complete Antibody Work-up (21mL EDTA whole blood) | <input type="checkbox"/> ABORh Discrepancies |
| <input type="checkbox"/> Level 1 Phenotype (Rh and K) | <input type="checkbox"/> Anti-A1 Lectin & A2 cells |
| <input type="checkbox"/> Level 2 Phenotype (extended Rh, K, Fy, Jk, Ss, MN) | <input type="checkbox"/> DAT Work-up |

Patient HLA Typing or RBC Genotyping Request:

- HLA Class I low resolution DNA Type including Antibody Report (HLA-A, B, C)**
(30 mL ACD-A (yellow top) & 10 mL Clot (red top) → keep at room temperature)
- RBC Genotype** (5 mL EDTA (purple top))

Special Product Request:

Quantity of units requested: _____

- HLA Matched Platelets (testing already done)
- Deglycerized RBC's Washed RBC's Sickle Cell Negative RBC's
- Antigen Negative RBC's Historical or Screened

Units negative for:

- D C E c e K Fy^a Fy^b Jk^a Jk^b S s M N

Additional: _____

Blood Sample Labels Should Contain:

1. Patient Name
2. Patient identifying number (Medical Record #)
3. Date & Time sample drawn
4. Phlebotomist identity (initials) *Note: Insufficiently labeled samples will not be tested*

Enclose request form with blood specimens and panel sheets. *Will incur additional fee

Immunoematology Reference Lab

4343 W. Herndon Avenue, Fresno, CA 93722 office: (559) 389-5483 | fax: (559) 225-7490 | mobile: (559) 240-6852

Referral Forms can be emailed to: IRL@donateblood.org or visit: Donateblood.org/hospitals-and-labs/services/

IRL Hours of Operation MONDAY THRU FRIDAY, 7AM-8PM

After Hours and Weekends, please contact Hospital Services at 559-224-8244