



Request for Serological Investigation
Laboratory of Immunohematology and Genomics
601 Midland Ave, Rye, NY 10580
Phone: 718-752-4771

<input type="checkbox"/>	Routine	# of tubes:	Date Samples Drawn : mm/dd/yyyy	Date Samples Sent : mm/dd/yyyy
<input type="checkbox"/>	ASAP			
<input type="checkbox"/>	Life-Threatening samples must be transported (STAT) direct/non-stop			
			Please also send pre-transfusion RBC sample, if available.	

INSTRUCTIONS: Enclose this request form with blood specimens and panel sheets.

PATIENT INFORMATION	Last Name:		First name:		Middle:						
	Date of Birth:	Gender:	Medical Record #:	Previous investigation at NYBC? <input type="checkbox"/> YES <input type="checkbox"/> NO							
ETHNICITY:											
<input type="checkbox"/>	African American	<input type="checkbox"/>	Asian	<input type="checkbox"/>	Hispanic	<input type="checkbox"/>	Native American	<input type="checkbox"/>	Pacific Islander	<input type="checkbox"/>	White
<input type="checkbox"/>	Other (describe):										
Diagnosis:						Medication:					
<input type="checkbox"/>	Anti-CD38 therapy workup	Hgb/HCT:	Active bleeding? <input type="checkbox"/> YES <input type="checkbox"/> NO		Signs of hemolysis? <input type="checkbox"/> YES <input type="checkbox"/> NO		HDFN? <input type="checkbox"/> YES <input type="checkbox"/> NO				

TRANSFUSION HISTORY	Transfusions within the last 3 months:		Number:	Dates:
	Transfusions prior to the last 3 months:		Number:	Dates:
History of Reactions		<input type="checkbox"/> None	<input type="checkbox"/> Yes- Describe:	
Previous Pregnancy? If yes, date(s):		Stem Cell Transplant? <input type="checkbox"/> Autologous <input type="checkbox"/> Allogeneic If yes, date:		Rh Immunoglobulin? If yes, date(s):

HOSPITAL TEST RESULTS	DAT:	Poly:	IgG:	C3:	Control:	ABO/Rh:
Known antibodies:						
Describe the current serological/transfusion problem and/or reason for sample submittal:						
Do you have a current request from a physician to transfuse this patient? <input type="checkbox"/> YES <input type="checkbox"/> NO						

HOSPITAL CONTACT INFORMATION		Hospital Name:		Ordering Physician:		
Street Address:			City:		State:	Zip code:
Contact person:		Telephone:		Fax:	Email:	

See page 2 for instructions



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Follow these instructions for preparing and sending specimens to the NYBC Immunohematology Laboratory.

NOTE: The Hospital or submitting facility is responsible for entering the **service order** into **BloodHub** and arranging specimen pick-up and delivery. Specimen pick-up and delivery is NOT automatic.

To schedule a pick-up with NYBC, please call NYBC Customer Care (**718-707-3771**).

How to meet requirements for an acceptable sample:

Requirements for **Antibody Investigation-**

- **Whole Blood:** Minimum two full 7 mL or 10 mL EDTA (lavender/pink) tubes (14-20 mL).
- **NOTE:** Total plasma volume must be at least **6 mL**. Short volume specimens will not be tested.
- Include pre-transfusion specimen/s when applicable and clearly label the tube/s as pre-transfusion.

Requirements for **Donath-Landsteiner, Cold Agglutinin Titer or Thermal Amplitude Test-**

- **Whole Blood:** Minimum 1 full 10 mL clotted (red top) kept at 37°C until serum separated, and 1 full 7 mL EDTA (lavender/pink top) tube.

For specimen requirements for other laboratory tests provided call the Immunohematology Laboratory at 718-752-4771 during normal business hours.

Specimen tubes/labels must contain:

1. Patient's first and last name
2. Patient's date of birth
3. Patient identifying number (e.g., Medical Record #)
4. Draw date

Samples not accepted:

Specimens submitted to the Immunohematology Laboratory may be deemed unsuitable for testing, and can be rejected for the following reasons:

- Insufficiently labeled or mislabeled samples
- Gel separated samples
- Grossly hemolyzed specimens
- Specimens that have leaked
- Or other issue/s as determined by the lab

How to send samples:

1. Place the laboratory service order in **BloodHub**
2. Ensure the serological request form is filled out completely for all fields. **Description of antibody problem, transfusion history and current request for transfusion must be included.**
3. Ensure the patient's first and last name and DOB on the specimens **match** the serological investigation request form; include middle name, middle initial or suffix if applicable.
4. Notify the NYBC Customer Care Center at 718-707-3771 if NYBC transportation is needed for specimen pick-up and delivery.
5. Specimens must be packaged appropriately to prevent leakage and may be transported at room temperature.

During After Hours: When the Immunohematology Laboratory is closed, samples will be received by NYBC security and stored refrigerated until the next business day.