REQUEST FOR SEROLOGICAL PROBLEM RESOLUTION

MEDIC REGIONAL BLOOD CENTER
1601 Ailor Avenue
Knoxville, TN 37921-6702
Telephone 865/521-2640

REASON FOR SUBMISSION

- ☐ Unidentified Antibody
- ☐ Difficulty in Crossmatching
- ☐ Difficulty in ABO Grouping
- ☐ Difficulty in Rh Typing

Name of Hospital/Laboratory _____

Telephone: Area Code _____ Number _____ Ext. _____

Report to be directed to: _____

Patient's Name _____
LAST FIRST

DOB _____ SEX _____ RACE _____

Clinical Diagnosis _____

Active Bleeding? _____ **Present Hgb** _____ g/dl

Is patient scheduled for surgery? _____

Date Specimen Drawn _____ Date Sent _____

INSTRUCTIONS

1. **Please send minimum: 10cc clotted blood**
   7cc EDTA
2. Label tubes with patient's name, second unique identifier and date sample was drawn.
3. Send segment from any crossmatched units.
4. Please enclose history form in container.
5. **SEND a copy of your panel sheets.**
6. **CALL LABORATORY 865/521-2640 BEFORE SENDING SPECIMENS.**

PATIENT HISTORY

Pregnancies: Number_____HDN?_____

Total Number of Transfusions_____

Approximate dates of Transfusion in last 90 days_____

Current Medication:_____

_____

_____

Previously identified antibodies:

PLEASE GIVE YOUR SEROLGOICAL FINDINGS (Indicate Strength of Reactions)

Cell Testing

Anti-A	
Anti-B	
Anti-D	
Weak D	

Blood Type ☐

Reverse Grouping

A_1 Cells	
B Cells	

Direct Antiglobulin Test

	IS	RT
Polyspecific		
Anti-IgG		
Anti-Complement		

ANTIBODY SCREEN

	TUBE			GEL
Cell	**IS**	**37**	**AHG**	
I				
II				
III				
Auto				

KEY IS = Immediate Spin (=) = No Agglutination; RT = Room Temp. Incubation (+) = Agglutination (1-4); 37 = 37° Incubation GEL = Gel Method; AHG = Anti-Human Globulin

HOSPITAL CROSSMATCH RESULTS

X-Match Date	Tech	Unit #	Grp/ Rh	Tube IS	Tube 37	Tube AHG	GEL	Antisera			Comments

Other pertinent test results _____

Do You Need Blood For This Patient? Yes_____ No_____ How many?_____

How soon is this problem resolution needed?_____

FAILURE TO SUBMIT REQUESTED DATA ON THE PATIENT MAY DELAY OR PREVENT RESOLUTION OF THE PROBLEM.