

MEDIC REGIONAL BLOOD CENTER (865) 521-2640
REQUEST FOR SEROLOGICAL PROBLEM RESOLUTION

Submitting Facility Information:

Facility Name: _____

Telephone: _____ Fax: _____

Urgency of Request:

☐ Routine ☐ ASAP ☐ STAT Specimen Collection Date: _____

Patient Name: _____
Last First MI

Birthdate: _____ Ethnicity: _____ Gender: _____

Clinical Status:

Diagnosis: _____ Patient Actively Bleeding: ☐ Yes ☐ No

Current Hgb: _____ **Does this patient need blood?** ☐ Yes ☐ No **Number of units needed?** _____

Patient ABORh: _____ Patient received Darzalex (daratumumab): ☐ Yes ☐ No

Number of Transfusions in the last 90 days: _____ Previously Identified Antibodies: _____

Reason for Submission:

☐ Unidentified Antibody ☐ Difficulty Crossmatching ☐ ABORh discrepancy resolution
☐ DTT treatment ☐ Eluate Only

Instructions:

1. Please contact MEDIC (865-521-2640) before sending samples to arrange sample pick up.
 2. Fill out this request form completely. Attach copies of any work performed at your facility.
 3. Label all samples with: full patient name, second unique patient identifier, date collected.
MINIMUM sample requirement is (1) 10cc clotted tube and (1) 7cc EDTA tube. One sample tube is never sufficient for serological problem resolution. Incorrectly or unlabeled specimens will be rejected and cannot be tested.
 4. Verify the patient's transfusion history and if they have received Darzalex directly from the patient whenever possible.
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Failure to submit requested data or supply the minimum sample requirements will delay or prevent resolution of the problem.

MEDIC REGIONAL BLOOD CENTER
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