

Person Completing Requisition		
Client	Client#	
Department	Phone	
Address		
City	ST	ZIP
Physician		



**PLATELET & NEUTROPHIL
IMMUNOLOGY LAB**
Phone 800-245-3117 x 6255
Fax (414) 937-6245

Patient/Sample Name					
MR #	Last	Accession #	First	SS #	MI
DOB mm/dd/yyyy / /	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Ethnicity	<input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian		
			<input type="checkbox"/> Ashkenazi Jewish <input type="checkbox"/> Other		
Specimen Type	<input type="checkbox"/> Blood <input type="checkbox"/> Bone Marrow <input type="checkbox"/> Plasma <input type="checkbox"/> Serum <input type="checkbox"/> Amniotic Fluid <input type="checkbox"/> CVS			Draw Date mm/dd/yyyy / /	
	<input type="checkbox"/> Cultured Amniotic Fluid <input type="checkbox"/> Cultured CVS <input type="checkbox"/> Other				
Anticoagulant	<input type="checkbox"/> EDTA <input type="checkbox"/> ACDA <input type="checkbox"/> Citrate <input type="checkbox"/> Sodium Heparin <input type="checkbox"/> Clot			Draw Time	
	<input type="checkbox"/> Other				

Indicate Special Reporting/Billing Requests **BloodCenter of Wisconsin does not bill patients or their insurance.**

PO# _____

Is testing for outpatient Medicare enrollee or Wisconsin Medicaid recipient? Yes No If yes, please completes information on reverse.

Diagnosis _____ Number of Pregnancies _____

Platelet Count _____ Number of Transfusions _____ Date of Most Recent Platelet Transfusion _____

TEST ORDERS (See reverse side for sample requirements)

Drug Dependent Antibody

- Platelet (9000)
- Neutrophil (9500)

List drugs to be tested: (attach list if needed)

- Abciximab (Reopro™) Dependent Platelet Antibody (5900)
- Heparin-Dependent Antibody (PF4 ELISA) (5541)
 - Routine
 - STAT

STAT testing is available for PF4 to local customers only. Please call 414-937-6255 to arrange STAT testing.

Heparin-Dependent Antibody Serotonin Release Assay

- Porcine Unfractionated Heparin (5508)
- Lovenox (enoxaparin)(LMWH) (5108)

Platelet Glycoprotein Expression (5545)
(To rule out Glanzmann Thrombasthenia or Bernard Soulier Syndrome)

Platelet Antibody Screen (5543)

Platelet Autoantibodies (5544)

(Sample must be received within 4 days of draw. See Whole Blood Age Table on back.)

PNH (Paroxysmal Nocturnal Hemoglobinuria) (5542)
CD59 Expression

Glycoprotein IV (CD36) Typing (5444)

Neutrophil Antibody:

- Level 1 Neutrophil Antibody (5102)
- Level 2 Neutrophil Antibody (5112)
- Level 3 Neutrophil Antibody (5113)

TRALI (Transfusion Related Acute Lung Injury) – This evaluation includes Level 2 Neutrophil Antibody.

TEST PANELS (See reverse side for panel details)

Neonatal Alloimmune

- Thrombocytopenia** (5603/5703) (½ 5303)
- Neutropenia** (5125/5126)

Father's Name _____

Date of Birth _____

- Post-Transfusion Purpura (PTP) (5631)
- Multitransfused Platelet Refractory (MPR) (5632)
- Platelet Antibody Identification Panel (5608)
(HPA-1a/b, HPA-2a/b, HPA-3a/b, HPA-4a, HPA-5a/b, GPIIb/IIIa, GPIa/IIa, GPIb/IX, GPIV)
- Neutrophil Antigen Genotyping Panel (5201)
(HNA-1a, HNA-1b, HNA-1c, HNA-4a/b, HNA-5a/b)
- Neutrophil Antigen Genotyping – Individual
 - HNA-1a, HNA-1b, HNA-1c
 - HNA-4a/b
 - HNA-5a/b
- Platelet Antigen Genotyping Panel (5600)
(HPA-1, HPA-2, HPA-3, HPA-4, HPA-5, HPA-6, HPA-9, HPA-15)
- Platelet Antigen Genotyping – Individual
 - HPA-1 HPA-2 HPA-3 HPA-4
 - HPA-5 HPA-6 HPA-9 HPA-15

PLATELET ALLOANTIGEN NOMENCLATURE

HPA-1a = P1 ^{A1}	HPA-3a = Bak ^a	HPA-5a = Br ^b	HPA-9a = Max ^b
HPA-1b = P1 ^{A2}	HPA-3b = Bak ^b	HPA-5b = Br ^a	HPA-9b = Max ^a
HPA-2a = Ko ^b	HPA-4a = Pen ^a	HPA-6a = Ca ^b	HPA-15a = Gov ^b
HPA-2b = Ko ^a	HPA-4b = Pen ^b	HPA-6b = Ca ^a	HPA-15b = Gov ^a

Comments _____

BCW Use Only			
_____ EDTA	_____ Serum	Opened By	_____
_____ ACDA	_____ Amnio	Entered By	_____
_____ Clot		Reviewed By	_____
_____ Other		Labeled By	_____

SAMPLE REQUIREMENTS AND SHIPPING INSTRUCTIONS

Label samples clearly with full name of individual, date and time drawn.

Test	Sample Requirement
Drug Dependent Platelet Antibody Abciximab Dependent Antibody Heparin Dependent Antibody Heparin Dependent Antibody Serotonin Release Assay Platelet Antibody Screen Drug Dependent Neutrophil Antibody Neutrophil Antibody Level 1, 2, 3	5 ml of serum per test ordered. Sample must be less than 7 days old when tested. Store refrigerated. (If the sample has been kept frozen it may be more than 7 days old.) Send sample refrigerated
Platelet Glycoprotein Expression	Contact lab before drawing. 5 ml ACD-B whole blood from patient and a control (control must be from a volunteer donor unrelated to patient). ACD-A is acceptable if ACD-B is not available. Send Next Day Delivery Tuesday – Thursday. Send sample refrigerated
Platelet Autoantibodies	40 ml ACD-A whole blood if patient platelet count <100,000 10 ml ACD-A whole blood if patient platelet count >100,000 See Whole Blood Age Table for draw date and received date requirements. Send sample refrigerated
Paroxysmal Nocturnal Hemaglobinuria (PNH)	5 ml EDTA whole blood. This sample must be sent refrigerated. Sample must be less than 8 days old when we receive it.
Glycoprotein IV (CD36 Typing)	10 ml ACD-A or EDTA whole blood. Send sample at room temperature
TRALI (Transfusion Related Acute Lung Injury)	5 ml serum from patient 1-5 ml serum from the donor or donor blood product unit. Send sample refrigerated
Neutrophil Antigen Genotyping Platelet Antigen Genotyping – Individual	5-10 ml EDTA whole blood 7-15 ml amniotic fluid 5 x 10 ⁶ cultured amniotic cells (Send sample refrigerated)
Platelet Antigen Genotyping – Panel	5-10 ml EDTA whole blood Send sample at room temperature
Platelet Antibody Identification Panel	5 ml serum Send sample refrigerated
Neonatal Alloimmune Thrombocytopenia (NAT or NATP) (includes Platelet Antigen Genotyping Panel of mother and father and Platelet Antibody Identification Panel of mother including crossmatches)	30 ml ACD-A whole blood from mother and father 10 ml serum from mother See Whole Blood Age Table for draw date and received date requirements. Send sample refrigerated
Post-Transfusion Purpura (PTP) (includes Platelet Antibody Identification Panel and Platelet Antibody Genotyping Panel)	5-10 ml EDTA whole blood 10 ml serum Send sample refrigerated
Multitransfused Platelet Refractory (MPR) (includes Platelet Antibody Identification Panel and Platelet Antibody Genotyping Panel)	5-10 ml EDTA whole blood 10 ml serum Send sample refrigerated
Neonatal Alloimmune Neutropenia (NAN) (Includes Neutrophil Antibody Level 3 on Mother and Neutrophil Antigen Genotyping Panel of Mother and Father)	5-10 ml EDTA whole blood from mother and father 5-10 ml serum from mother Send sample refrigerated

Whole Blood Age Table

Sample drawn on	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Must be received by	Friday	Friday	Friday	Monday	Tuesday	Wednesday	Thursday

Please call the laboratory (800-245-3117 ext 6255) for advice if you will ship samples near a major holiday.

Ship all samples according to catalog description by Next Day delivery. If refrigeration is required, use sealed ice packs or wet ice sealed in plastic bags. Protect whole blood samples from freezing by wrapping in paper toweling. Mark box **Refrigerate Upon Arrival**. The package must be shipped in compliance with carrier's guidelines. Please contact your carrier for current biohazardous shipping regulations.

Shipping Address: Client Services / PNIL
BloodCenter of Wisconsin
638 North 18th Street
Milwaukee, WI 53233-2121
Phone: 800-245-3117 ext 6396

MEDICARE (OUTPATIENT) AND MEDICAID BILLING INFORMATION

BloodCenter of Wisconsin will bill the institution directly unless testing is performed on an OUTPATIENT Medicare enrollee or a Medicaid recipient from WI.

Medicare # _____
 Railroad Retiree # _____
 Medicaid # _____ (Wisconsin only)
 Patient's Address _____

 City _____ State _____ Zip _____
 Diagnosis _____ ICD9 Dx Code _____
 Referring Physician's Full Name _____
 Referring Physician's Provider # (UPIN #) _____ Physician's Phone Number _____