HPM.1.4 Request Special Testing Laboratory Services

Procedure Area: Hospital Patient Management (HPM)	Version: 1.1

Purpose

To request Special Testing Laboratory services.

Scope

Customers

Materials

- ✓ Appropriate shipping materials:
  - Cold packs/wet ice
  - Dry ice
- ✓ Appropriately labeled sample(s), if required
- ✓ Computer workstation
- ✓ Cryoprecipitated components, if required
- ✓ Appropriate testing request form:
  - *Request for Flow Cytometry Testing*
  - *Request for Special Testing Laboratory Services*
  - *Sample Submission for Cryoprecipitated Components*

Sample Requirements

- **Flow cytometry testing:** At least 500 µL of sample in a non-additive or EDTA sample tube labeled with a unique code (specimen ID/DIN). Clinical pre-collection samples require two unique patient identifiers.
- **Patient DNA or HLA/HPA antibody testing:**
  - One EDTA sample tube appropriately labeled with two unique patient identifiers and collected within the last 10 days.
  - For DNA testing, patient must have a WBC of 1.0 x 10^3/µL or greater; if low WBC (1 to 3 x10^3/µL), provide an additional 10 to 15 mL of blood collected in three EDTA purple-top tubes appropriately labeled with two unique patient identifiers.
- **Product QC testing:** Cryoprecipitated components.

Procedure Notes

- Refer to the ***Special Testing Laboratory Available Testing*** reference document for a list of available testing for the Special Testing Laboratory.

Procedure Steps

Perform the following subprocedure as appropriate:

- Request flow cytometry testing according to ***1.4.1, Request Flow Cytometry Testing***.
- Request patient DNA or HLA/HPA antibody testing according to ***1.4.2, Request Patient DNA or HLA/HPA Antibody Testing***.
- Request product QC testing according to ***1.4.3, Request Product QC Testing***.

1.4.1, Request Flow Cytometry Testing

1. Complete the *Request for Flow Cytometry Testing* as appropriate. Note the following:
   - Provide at least 500 µL of sample for each request labeled with a unique code (specimen ID/DIN). Clinical pre-collection samples require two unique patient identifiers.
   - Indicate whether the results are needed STAT (within 2 hours of receipt).

2. Ship sample(s) as appropriate.

If this	Then this
Fresh	Ship on cold packs/wet ice at 2 to 8°C.
Frozen	Ship on dry ice.

3. Email the completed *Request for Flow Cytometry Testing* along with the shipping tracking number or expected time of sample drop off (if local) to qc@lifesouth.org.

1.4.2, Request Patient DNA or HLA/HPA Antibody Testing

1. Collect appropriate blood sample tube(s) (refer to the ***Sample Requirements*** section), ensuring the blood sample label includes the following information:
   - Two unique patient identifiers
   - Date and time of collection
   - Identity of phlebotomist

   Note
   If the date and time of collection and/or the identity of the phlebotomist are not included on the blood sample labels, a mechanism must exist to verify this information.

2. Complete the *Request for Special Testing Laboratory Services* as appropriate. If requesting ABO or Rh genotyping, include a copy of serology results and reason for requesting testing.
3. Ship the sample(s) with cold packs/wet ice at 2 to 8°C.
4. Email the completed *Request for Special Testing Laboratory Services* along with the shipping tracking number or expected time of sample drop off (if local) to qc@lifesouth.org.

1.4.3, Request Product QC Testing

1. Complete one *Sample Submission for Cryoprecipitated Components - External Customers* form for each set of results requested. Single components may be pooled with up to three other singles and tested together or tested individually; note the following:
   - If individual testing is preferred, complete one form per DIN.
   - If pooling is preferred, complete one form for up to four DINs.
2. Ship components on dry ice.
3. Email the completed *Sample Submission for Cryoprecipitated Components - External Customers* along with the shipping tracking number or expected time of sample drop off (if local) to qc@lifesouth.org.

Related Documents

- Special Testing Laboratory Available Testing reference document

Additional Information

If you have any questions, contact the laboratory at **(352) 224-1787** or **qc@lifesouth.org**.

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Version History

#	Significant Changes	Approved by	Approved	Implemented
1.1	Updated the Patient DNA and HLA/HPA antibody testing sample requirements to include that tubes must be appropriately labeled with two unique patient identifiers.	Phuc Huynh, Corporate Quality Assurance Coordinator III	02 Apr 2026	02 Apr 2026
1.0	New procedure.	Dr. Juan Merayo-Rodriguez, Medical Director Dr. Matthew Montgomery, Medical Director Dr. Chris Lough, VP of Medical Services Lori Masingil, VP of Quality	30 Dec 2024	28 Jan 2025