LIFESOUTH Community Blood Centers

Request for Special Testing Laboratory Services

Sample Requirements: 3 mL of blood collected in one EDTA purple-top tube appropriately labeled with two unique patient identifiers. For DNA testing, WBC must be ≥ 1.0 x 10^3/µL; 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.

Referral Information

Contact Name:	Email:
Hospital/Facility:	City/State:
Date/Time Requested:	Date/Time Needed:

Urgency: ☐**STAT** ☐**ROUTINE**

Patient Information/History (Complete section or apply addressograph. Include all available information.)

Patient Name: _____ (Last) _____ (First) _____ (Middle Initial)	
Sex: ☐M ☐F	Physician:
DOB:	Diagnosis:
Patient ID or MR#:	Medications (attach additional documentation if necessary):
Race:	☐Daratumumab ☐Other:

Lab Values

ABO/Rh (if known):	Current WBC: x10^3/µL	Current platelet count: x10^3/µL
Phlebotomist(s) Printed Name or ID:		
Collection Date(s)/Time(s):		

Transfusion History

Has patient ever been transfused? ☐No ☐Yes; within last 3 months? ☐No ☐Yes			
Products previously transfused (check all that apply):	☐RBC; date:	☐Platelets; date:	☐Plasma; date:
Known RBC/platelet antibodies? ☐No ☐Yes; specify:			
History of transplant? ☐Solid Organ ☐Stem Cell/ Bone Marrow ☐No			

Pregnancy History ☐N/A

Number of previous pregnancies:	Currently pregnant? ☐No ☐Yes	Received Rhlg? ☐No ☐Yes; date:

Reason for Submission ***(Attach copy of hospital blood bank workup.)***

☐ Platelet Refractory Workup	☐ Red Cell Genotyping-Patient Common Panel	☐ Other:
☐ HLA Class I Typing	☐ ABO Genotyping*	
☐ HLA antibody screen and ID if positive	☐ Rh Genotyping*	
☐ Platelet Antibody Assay	☐ Hemoglobinopathy Testing (Capillary Electrophoresis)	

*__Serology Results__ ***(If requesting ABO or Rh genotyping, include copy of results and reason for requesting testing.)***

For Special Testing Laboratory Use Only

Accession Number: Date/Time sample received in lab:	Comments:

Send the completed form along with shipping tracking/expected time of sample drop off (if local) to qc@lifesouth.org.

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Form Version History

Effective Date	Significant Changes
02 Apr 2026	Updated the sample requirements to include that tubes must be appropriately labeled with two unique patient identifiers.
28 Jan 2025	New form.