



# Vancouver Diagnostic Services Immunohematology Referral Testing Services

## Test for Anti-IgA

BC\_REF-09

### TEST DESCRIPTION

Individuals suspected to be at risk for an anaphylactic transfusion reaction may be tested for the presence of anti-IgA.

### SPECIMEN AND REQUISITION REQUIREMENTS

#### Specimen(s)

- Minimum 2 mL separated serum (not collected in SST gel). Wrap sample caps with parafilm.
- Label specimen with the required minimum information: patient's last name, first name, PHIN or hospital number or other unique identifier, date of collection, facility name, and phlebotomist initials.

#### Complete Requisition (must include)

- Patient's last name, first name, date of birth and PHN or unique identifier
- Facility name, complete address, phone and fax number
- Phlebotomist ID information
- Date of collection

#### Requisition(s)

- *Patient Request for Anti-IgA Testing (F800014)*

### PRE-SHIPING STORAGE

Frozen (-20°C or lower).

### SHIPPING INSTRUCTIONS

#### Shipping

- Sample **MUST** be sent frozen with dry ice.
- Select shipping method for container to arrive at testing site within 24 hours.

### SEND TO

Canadian Blood Services  
BC & Yukon Centre  
Diagnostic Services Laboratory  
4570 Oak Street  
Vancouver, BC V6H 2N9  
Tel: 204-789-1086  
Fax: 204-779-8593