

# REQUEST FOR SEROLOGICAL INVESTIGATION



Send to:  Diagnostic Services Ontario and Nunavut (DS-ONN)

National Immunohematology Reference Laboratory (NIRL)

## SECTION A - PATIENT INFORMATION: (MUST BE COMPLETED)

Surname:		Given Name:		Middle Name:	HCN/PHN/Donation Number:	
D.O.B. (yyyy-mm-dd):			MRN/Donor ID:			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female						
Hgb (g/L):	ABO:	Rh:	DAT:	IgG:	C3:	
Ethnicity: <input type="checkbox"/> Arabic <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Indigenous <input type="checkbox"/> Latin-American <input type="checkbox"/> South Asian <input type="checkbox"/> White <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown						
Clinical Diagnosis: _____						
Medication: _____						

Collection Date:	Shipment Date:
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## SECTION B - TESTING INFORMATION:

Reason for Request: <input type="checkbox"/> Antibody Investigation <input type="checkbox"/> Confirmation of Phenotyping: _____ <input type="checkbox"/> Transfusion Reaction Investigation <input type="checkbox"/> Confirmation of Antibody Identification: _____ <input type="checkbox"/> Blood Group Investigation <input type="checkbox"/> Other: _____	Comments or Additional Information: <div style="border: 1px solid black; height: 60px;"></div>
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## TRANSFUSION/TRANSPLANT HISTORY: (MUST BE COMPLETED)

Transfused Last 3 Months?  YES  NO Date(s) Transfused: \_\_\_\_\_ Number of RBC Units Transfused: \_\_\_\_\_

Other Blood Product(s):  Plasma  Platelet  IVIG  Other Fractionation Product(s)

Transfusion Reaction:  YES  NO  Unknown Type (If Yes): \_\_\_\_\_ Ongoing Transfusion Requirement?  YES  NO

Transplant History:  YES  NO  Unknown Type:  Bone Marrow (Stem Cell)  Solid Organ  Other: \_\_\_\_\_

Transplant Date: \_\_\_\_\_

Previous Known Antibodies: \_\_\_\_\_

Red Cell Phenotype: \_\_\_\_\_  Attach Phenotype LIS Report/Printout

Obstetrical History: G \_\_\_\_\_ P \_\_\_\_\_ A \_\_\_\_\_ Prenatal?  YES  NO

Rhlg Administered?:  YES Date: \_\_\_\_\_  NO Previous HDFN?:  YES  NO

## SECTION C - ORDERING/ REFERRING FACILITY INFORMATION: (MUST BE COMPLETED)

Ordering Physician/ Lab Supervisor Name:	Ordering/ Referring Facility:
Address:	URGENCY: <input type="checkbox"/> Routine <input type="checkbox"/> ASAP (5 Business Days) <input type="checkbox"/> Urgent (2 Business Days)
Phone Number:	
Fax Number:	
Email Address:	Preliminary Report Required: <input type="checkbox"/> YES <input type="checkbox"/> NO CPSO #:

## SECTION D - FOR DS-ONN/ NIRL USE ONLY:

Date and Time Received: _____	CBS Sample Number: <div style="border: 1px solid black; width: 150px; height: 40px;"></div>
Receiver Initials: _____	
Sample Type Received: EDTA WB <input type="checkbox"/> EDTA PC <input type="checkbox"/> Plasma <input type="checkbox"/> Segment <input type="checkbox"/> Other <input type="checkbox"/>	
Volume: _____ ml. _____ ml. _____ ml.	
Number of Samples Received: _____	Preservative Solution Added: Yes <input type="checkbox"/> No <input type="checkbox"/>

# REQUEST FOR SEROLOGICAL INVESTIGATION

## Sample Requirement:

Sample type	EDTA
Sample volume:	2-4 tubes with a minimum total volume of 5 ml Visit <a href="https://www.blood.ca/en/laboratory-services/referral-testing-services">https://www.blood.ca/en/laboratory-services/referral-testing-services</a> and in Test Catalogue, select Locate a Test for information on the sample requirement for the requested test.
Sample receipt at DS-ONN/ NIRL:	Anytime
Sample stability and temperature requirement	Pack & ship at 4° C to 25° C within 14 days of collection

### Send copies of all worksheets:

- All related phenotyping results (attach LIS report)
- All corresponding antibody investigations (panel workup)

If samples are going to arrive outside of normal business hours, please fax the requisition and notify the laboratory to make appropriate arrangements.

## Blood sample label(s) must contain two unique identifiers:

1.	Full Name
2.	Identifying Number (HCN/PHN)

If HCN/PHN is not available, MRN or Hospital Number may be acceptable.

## Procedure for shipping sample(s):

a)	Fully complete the Request for Serological Investigation for each specimen.
b)	Pack sample(s) in secure, protective wrapping to avoid breakage/leakage.
c)	If samples cannot be delivered the same day, use a cold gel pack (2°C – 6°C). During extreme cold weather conditions use a room temperature gel pack.
d)	Notify the DS-ONN/ NIRL and provide waybill number, if applicable. (See contact information below).

DO NOT USE DRY ICE. DO NOT USE ICE PACKS.

## Shipping Address:

Canadian Blood Services  
Diagnostic Services Ontario and Nunavut (DS-ONN) *OR*  
National Immunohematology Reference Laboratory (NIRL)  
100 Parkshore Drive  
Brampton, Ontario  
Canada  
L6T 5M1

If specimen is determined to be unsatisfactory, DS-ONN/ NIRL will notify the referral facility to receive authorization for disposal of specimen and to request re-submission of a new sample.

## Direct Enquiries to:

Canadian Blood Services  
Diagnostic Services Ontario and Nunavut (DS-ONN) *OR*  
National Immunohematology Reference Laboratory (NIRL)  
Telephone: (905) 494-5295  
Fax: (905) 494-8131

Hours of Operation: Monday to Friday 07:00 AM to 08:00 PM ET, Saturday 07:00 AM to 03:00 PM ET