

REQUEST FOR ADDITIONAL SEROLOGIC TESTING AT MARSHFIELD CENTER

Instructions:

- CALL Marshfield Labs Transfusion Service 715-221-6262** to inquire about additional testing.
- COMPLETE FORM and FAX** to Marshfield Labs Transfusion Service – Fax 715-221-6273.
- Send **COMPLETED FORM** with patient sample(s).
- Send copy of all testing and antibody screen antigram(s) with results entered.**
- If applicable, order BBABID on a **new accession**. Collect additional sample if able. Transfer the BBABID to MFH TS in Cerner. See Marshfield Lab Test Reference Manual for test codes and sample requirements.
- Keep original Type & Screen sample at your location** for crossmatches. If unable to obtain second sample for BBABID, contact Marshfield Transfusion Service to determine what volume to send.

Patient Information: Place BBABID label or manually fill in	
Name:	MRN:
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Specimen: Date Drawn _____ Date Tested _____ Plasma Condition: Clarity _____ Color _____	
Sending Facility Information	
<input type="checkbox"/> BDH <input type="checkbox"/> ECH <input type="checkbox"/> LSH <input type="checkbox"/> MQH <input type="checkbox"/> NVH <input type="checkbox"/> PFH <input type="checkbox"/> RLH <input type="checkbox"/> SPH <input type="checkbox"/> WEH <input type="checkbox"/> Other: _____	
Phone/Fax/Contact Person: _____	
Patient Clinical History	
Diagnosis:	Total Number of Pregnancies: (include miscarriages and abortions)
Prior RBC Transfusions? <i>If not shown in SafeTraceTX</i> , indicate date(s), # of units, & name of facility. <input type="checkbox"/> No <input type="checkbox"/> Yes, see SafeTraceTX <input type="checkbox"/> Yes, Other: _____	
Medication list included? <input type="checkbox"/> N/A <input type="checkbox"/> See EMR <input type="checkbox"/> Yes, see attached	RhIg Injection within prior 6 months? <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes: Date _____
Known Antibodies? <input type="checkbox"/> None <input type="checkbox"/> Yes, see SafeTraceTX <input type="checkbox"/> Yes, site where and antibodies identified: _____	Blood Type: <input type="checkbox"/> N/A <input type="checkbox"/> Current: _____ <input type="checkbox"/> Historical: _____ <input type="checkbox"/> N/A
Sample Sent With <input type="checkbox"/> Routine Courier <input type="checkbox"/> STAT Courier	
Work-Up Requested	
<input type="checkbox"/> ABO/Rh Discrepancy <input type="checkbox"/> Antibody ID <input type="checkbox"/> DAT & Elution <input type="checkbox"/> Antibody Titer <input type="checkbox"/> Other: _____	
Planned Transfusion? <input type="checkbox"/> No <input type="checkbox"/> Yes Preop? <input type="checkbox"/> No <input type="checkbox"/> Yes If YES, Date/Time of Transfusion or Surgery: _____	Any Special Needs for Units? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Irradiated <input type="checkbox"/> Other: _____
Number of donor segments sending: _____ <i>See page 2 - Include unit info (e.g. unit barcodes) or copy of face label</i>	Crossmatched Blood Needed? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Only if ID new antibody; # of Units: _____
Results needed by Date/Time: _____	

*******For Marshfield Labs Marshfield Center Use ONLY*******

Ag Negative/Crossmatched Units Sent? No Yes # _____ Date/Initials _____

