



**Blood Bank  
of Hawaii**

**Request for Reference Laboratory Consultation**

Please fax request to (808) 848-4768 and notify Reference Lab at (808) 848-4750 or (808) 848-4700 prior to sending specimens.

**Submitting Facility (Hospital/Laboratory/Physician) Information**

Facility Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Fax \_\_\_\_\_

Requesting Physician \_\_\_\_\_

**Urgency of Request**

- Routine, transfusion needed, date/time \_\_\_\_\_  STAT
- # of units needed \_\_\_\_\_ Antigen Negative  Confirmed  Historical
- Routine, transfusion not needed

**Patient Information**

Patient Name \_\_\_\_\_ MRN \_\_\_\_\_

Gender  Male  Female Ethnicity \_\_\_\_\_ Date of Birth \_\_\_\_\_

ABO/Rh \_\_\_\_\_ Previously identified antibodies \_\_\_\_\_

Diagnosis \_\_\_\_\_

Transfusion history:

Transfused ever?  Yes  No # of units \_\_\_\_\_ Date last transfused \_\_\_\_\_

Pregnancy history: # of pregnancies \_\_\_\_\_

Medication history:

Any within last 3 months \_\_\_\_\_

Rh Immunoglobulin within the last 6 months  Yes  No

Daratumumab (or similar) within the last 6 months  Yes  No

**Test(s) Requested**

- Antibody Identification  Titer only Anti- \_\_\_\_\_
- Prenatal Work-up (Antibody Identification and Titer)  Antigen Typing for \_\_\_\_\_
- Extended Red Cell Phenotype/Genotype (may include serological and/or molecular, as indicated)
- Other \_\_\_\_\_

**Sample Requirements**

- 1 freshly drawn red top tube and 3-4 EDTA tubes
- Properly labeled with: Patient Name, ID number, Date of Birth, Date of Phlebotomy
- All information must be identical on both the request form and all sample tubes