







Dr Jeremy McComish 230814HH Prof James McCluskey 0170567B

NATA Accreditation No: 18808 ASHI Accreditation No: 12-9-AU-05-1

## Request for HLA-HPA Compatible Platelets - Clinical Information and Investigation Request Form

Instructions for completing this form. The form can be completed electronically prior to signing:

- 1. Complete appropriate sections on Page 1, 2 and 3.
- 2. Collect the appropriate sample tubes as specified on Page 4
- 3. Send samples with completed copy of Pages 1, 2 and 3 only.

<u>Note:</u> Referring clinician to complete all parts of this form when requesting HLA or HPA compatible platelets for a specific patient.

Testing Laboratory							
Please send samples to							
Contact details	5						
Phone			Emai	I			
Patient details							
Last Name			First	Name			
Gender			MRN	/UR		DOB	
Referring Clini	cian details						
Name							
Signature			Phon	e			
Address			Emai	l			
Tick if a hard copy report is required							
Referring Labo	oratory name						
Phone			Emai				
Name of perso	on completing the form	m (if different from	n abov	/e)			
Name							
Phone			Emai				
Sample collect	tion						
Collector's name			Date collec	& time of ction			
Collector's signature							
Specimen type (s) include	EDTA	ACD	Serur	n (clot)			
Please attach sample label/barcode				Patient's signa	ature & Date		









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Patient details										
Last Name			First N	lame						
Gender			MRN/	JR	DOB		3			
Clinical Diagnosis and History										
Clinical Inform	ation (Tick	as required)		Clinic Inform as req	nation (Tick		<b>Clinical History</b> (Add any other relevant details)			
Sepsis Fever Bleeding				The	ibody rapy . Rituximab					
Coagulopath History of tra Antibiotics (/	ansfusions			If recent IVIG infusion, provide date.						
Splenomega Recent Che	-	Add details)		Pre pre (If j	evious Ignancy <i>ves, how</i> any)					
HAPLO BMT Only	HLA Typir	ıg: Yes	No	•	lf Yes, date t	ested:				
HPC Transplant Date				a mul	nt blanted with tiparous e donor?	Ye	es No	Unsure		
Туре				Blood (Donc	l Group or)					
Patient A B O AB RhD Negative RhD Positive   blood group IMPORTANT NOTE: please include a validated/authorised blood group report for the patient when submitting this request. Important Note: please include a validated/authorised blood group report for the patient of the p										
Platelet Incren	nents – At le	east 2 post tra	nsfusion Incl	rement	s <u>MUST</u> be pr	rovided	to determine re	fractoriness.		
Date of	Type of platelet		Blood grouj platelets	p of	Pre-cou	nt	Post	count		
Transfusion	transfused		transfused				10- 60 mins	24h		
*	Apheresi		*				*			
*	Apheresi	s Pooled								
Current Platele	t Count									









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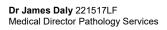
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Patient details							
Last Name			First Name				
Gender			MNR/UR		DOB		
Current WCC			Red blood cell detected?	antibodies		Yes, Spe	cify
Neutrophil Count							
Patient CMV Status						No	
Request detail	s						
Platelets compatible for	HLA HPA		CMV Antibody status of produ	CMV A		CMV Ab reactive	Non-
				Note: CM platelets available. leucoredu prevents CMV infec	vill only All plat iced wh transfue	y be provi elets are lich adequ	ded if uately
	If ABO compatible	atelets will be provid blatelets are not ava blatelet required? (fo No	ilable, low titre an	ti A/B componer		·	d.
Blood group product	NB: If patient is rec group/s ABO 1 <sup>st</sup> Choice ABO 2 <sup>nd</sup> Choice ABO 3 <sup>rd</sup> Choice	eiving ABO mismate	ched bone marrow RhD 1 <sup>st</sup> Choice RhD 2 <sup>nd</sup> Choice	v transplant plea	se seleo	ct accepta	ble blood
Required testing on patient	HLA Typing Yes N	o Yes	ing HF No	<b>PA Typing</b> Yes No	HF	<b>PA Ab Tes</b> Yes	s <b>ting</b> No
	ood Transfusion Nu cated based on tes		e transfusion rec	uirements if H	LA Com	patible P	latelet

Select State contact details to return completed forms or for any urgent request.

State	
Fax	
Phone	
Email	





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## Platelet Transfusion Refractoriness (PTR) Sample Collection Guideline

Investigation request and samples		Special instructions and indicative turnaround time	Storage and transport instructions		
Platelet Transfusion Refractoriness (PTR)		EDTA from pre-transfusion collection is acceptable	Store and transport at either room temperature or 4°C.		
8 mL EDTA or ACD <b>and</b> 12 mL serum (clot)		Note: Laboratory turnaround time is 1 – 3 working days.			