







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		









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

Dr James Daly 221517LF Medical Director Pathology Services

Dr Jeremy McComish 230814HH Prof James McCluskey 0170567B

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		Clinical History (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									









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

Dr James Daly 221517LF Medical Director Pathology Services

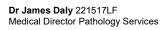
Dr Jeremy McComish 230814HH Prof James McCluskey 0170567B

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 st Choice ABO 2 nd Choice ABO 3 rd Choice	eiving ABO mismate	ched bone marrow RhD 1 st Choice RhD 2 nd Choice	v transplant plea	se seleo	ct accepta	ble blood
Required testing on patient	HLA Typing Yes N	o Yes	ing HF No	PA Typing Yes No	HF	PA Ab Tes Yes	s ting 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	





Dr Jeremy McComish 230814HH Prof James McCluskey 0170567B

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 and 12 mL serum (clot)		Note: Laboratory turnaround time is 1 – 3 working days.			