



Lifeblood use only – SoftMol Requisition Label

Red Cell Reference Laboratory Request

Laboratory	Storage and transport guidelines	Sample requirements
Please address samples to: Red Cell Reference Laboratory Australian Red Cross Lifeblood Phone: Fax:	Store and transport samples at 2-8°C. Pack samples in a secure container in compliance with IATA650 and IATA602 packing instructions (refer to IATA Dangerous Good Regulations) Transport time should not exceed 48 hours. Clearly label the outside transport container with the delivery address and mark as "store at 2-8°C".	Patient samples MUST be clearly labelled with full name, date and time of collection and either date of birth or MRN. Ensure samples and request forms display identical information.

The Red Cell Reference Laboratory reserves the right to refuse receipt of samples not adhering to the above requirements

Degree of urgency
 ☐ Routine
 ☐ ASAP
 ☐ Urgent (Phone before sending)

Patient/donor details			
Surname		Date of birth	
Given name(s)		Sex <input type="checkbox"/> M <input type="checkbox"/> F	
Address			
Donor ID		Other ID	
Donation no		Collection date & time	
Patient/donor history			
Clinical notes			
<input type="checkbox"/> Yes <input type="checkbox"/> No Previous transfusion		Date of last transfusion	
Donation numbers (if applicable)			
<input type="checkbox"/> Yes <input type="checkbox"/> No Pregnant now		Gestational Age (wks)	<input type="checkbox"/> Yes <input type="checkbox"/> No Previous pregnancies
<input type="checkbox"/> Yes <input type="checkbox"/> No Rh(D) Ig Given		Last Given	
Reason for referral		Minimum sample requirements	
<input type="checkbox"/> Antibody Identification (including suspected transfusion reactions)		2 x 6mL EDTA (Donor Unit Segments, pre & post transfusion samples)	
<input type="checkbox"/> ABO Investigation		6mL anticoagulated blood	
<input type="checkbox"/> Rh (D) Investigation		6mL anticoagulated blood	
<input type="checkbox"/> Phenotype (Specify)		6mL anticoagulated blood	
<input type="checkbox"/> Genotype (Specify)		4 or 6 mL EDTA or 10mL amniotic fluid or cultured amniocytes	
<input type="checkbox"/> NIPA for fetal RHD (gestation ≥ 12 weeks)		2 x 6mL dedicated EDTA <72hrs from collection to receipt in laboratory	
<input type="checkbox"/> Anti-D / anti-c Quantitation (Specify)		1mL separated sample of plasma or serum. Note: serum from SST tubes is not acceptable. (visually inspected for haemolysis, precipitate or gel formation)	
<input type="checkbox"/> Other (Specify)		Contact the laboratory for details	
Your laboratory findings (Attach all worksheets)			
ABO/Rh (D)		Antibody detected by	
DAT		<input type="checkbox"/> Saline RT <input type="checkbox"/> PEG-IAT <input type="checkbox"/> CAT (Specify)	
Phenotype		<input type="checkbox"/> Enzyme <input type="checkbox"/> Low-Ionic IAT Titre:	
Previous antibody history/comments			
Referring laboratory		Lifeblood use only-	
Laboratory name		Sample transport, integrity and identifier check: refer to SoftMol Order.	
Contact			
Email			
Address			
Phone	Fax		
Date sent	Signature		