


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.

Note: 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					
Phone			Email		
Patient details					
Last Name			First Name		
Gender			MRN/UR	DOB	
Referring Clinician details					
Name					
Signature			Phone		
Address			Email		
<i>Tick if a hard copy report is required</i>					
Referring Laboratory name					
Phone			Email		
Name of person completing the form (if different from above)					
Name					
Phone			Email		
Sample collection					
Collector's name			Date & time of collection		
Collector's signature					
Specimen type (s) include	EDTA	ACD	Serum (clot)		
Please attach sample label/barcode			Patient's signature & Date		
					

Patient details						
Last Name		First Name				
Gender		MRN/UR		DOB		
Clinical Diagnosis and History						
Clinical Information (Tick as required)		Clinical Information (Tick as required)	Clinical History (Add any other relevant details)			
Sepsis Fever Bleeding Coagulopathy History of transfusions Antibiotics (Add details)		Antibody Therapy e.g. Rituximab				
		If recent IVIG infusion, provide date.				
Splenomegaly Recent Chemotherapy (Add details)		Previous pregnancy (If yes, how many)				
HAPLO BMT Only	HLA Typing: Yes No If Yes, date tested:					
HPC Transplant Date		Patient transplanted with a multiparous female donor?	Yes	No	Unsure	
Type		Blood Group (Donor)				
Patient blood group	A	B	O	AB	RhD Negative RhD Positive	
	IMPORTANT NOTE: please include a validated/authorised blood group report for the patient when submitting this request.					
Platelet Increments – At least 2 post transfusion Increments <u>MUST</u> be provided to determine refractoriness.						
Date of Transfusion	Type of platelet transfused		Blood group of platelets transfused	Pre-count	Post count	
					10- 60 mins	24h
*	Apheresis	Pooled	*		*	
*	Apheresis	Pooled	*		*	
Current Platelet Count						

Patient details					
Last Name			First Name		
Gender			MNR/UR		DOB
Current WCC			Red blood cell antibodies detected?	Yes, Specify	
Neutrophil Count				No	
Request details					
Platelets compatible for	HLA	HPA	Is the patient pregnant?	Yes	No
				<p>Note: CMV antibody non-reactive platelets will only be considered for currently pregnant recipients (but not during labour and delivery) and only if available. All platelets are leucodepleted which adequately prevents transfusion transmission of CMV infection</p>	
Blood group product	<p>ABO compatible platelets will be provided where possible. If ABO compatible platelets are not available, low titre anti A/B components will be provided.</p> <p>Are RhD negative platelet required? (for female recipient of child bearing potential)</p> <p>Yes No</p> <p>NB: If patient is receiving ABO mismatched bone marrow transplant please select acceptable blood group/s</p> <p>ABO 1st Choice RhD 1st Choice ABO 2nd Choice RhD 2nd Choice ABO 3rd Choice</p>				
Required testing on patient	HLA Typing Yes No	HLA Ab Testing Yes No	HPA Typing Yes No	HPA Ab Testing Yes No	
<p>Note: A Lifeblood Transfusion Nurse will discuss the transfusion requirements if HLA Compatible Platelet support is indicated based on test results.</p>					

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

State	
Fax	
Phone	
Email	

Platelet Transfusion Refractoriness (PTR) Sample Collection Guideline

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