

Neutrophil Investigation Request

Instructions for filling in this form. The form can be filled in using your PC:

1. Complete appropriate sections on Page 1.
2. Select the required tests from the options on Page 2 and provide required additional information as indicated.
3. All Neonatal Alloimmune Neutropenia (NAIN) and Autoimmune Neutropenia investigations must be booked with the testing laboratories prior to collection. Please refer to Page 3 for collecting sample time. This information will be populated after you have selected the relevant laboratory.
4. Collect the appropriate sample tubes as specified on Page 3.
5. Send samples with a completed copy of Pages 1 and 2.

Please select a testing laboratory to send samples to			
Please send samples to			
Contact details			
Phone		Email	
Patient details			
Last Name		First Name	
Gender		MRN/UR	DOB
For NAIN request only, please complete the following information			
Baby's last name, first name		DOB	
Paternal last name, first name		DOB	
Referring Clinician details			
Name		Date requested	
Signature		Phone	
Address <i>Tick if a hard copy report is required</i>		Email	
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	
Patient's signature & Date		Patient's signature & Date	
Specimen type (s) include	EDTA	ACD	Serum (clot) Buccal swab Other
Samples label/barcode – For NAIN requests only, please attach the relevant labels accordingly. Please do not paste the label over the title.			
Patient	NAIN Mother	NAIN Father	NAIN Child

Patient details					
Last Name				First Name	
Gender		MRN/UR		DOB	
Clinical details					

Neutrophil Immunology – Indication for testing and additional information as required

Neonatal Alloimmune Neutropenia (NAIN)	
Note: If samples from mother/father/child are all being collected together, please complete one request form only. Otherwise, complete separate forms.	
Previous history of NAIN?	Yes No
If Yes, include clinical information on the previously affected child/ children.	
Provide relevant clinical information on child currently being investigated.	

Autoimmune Neutropenia			
Neutrophil count		x 10 ⁹ /L	Date of test
Treatment / medication to date			Any other relevant information?

Transfusion Associated Acute Lung Injury (TRALI)			
(Note: Please discuss with the Lifeblood Transfusion Medicine Specialist prior to request)			
Office Hours		After hours	

Drug Induced Immune Neutropenia			
(Note: Please discuss with the Lifeblood Transfusion Medicine Specialist prior to request).			
Name/s of medication/s implicated (<i>Samples of medication MUST be sent with specimen</i>):			
Date medication commenced		Date of onset of neutropenia	
Pre-medication neutrophil count		x 10 ⁹ /L	Date of test
Post-medication neutrophil count		x 10 ⁹ /L	Date of test

Neutrophil Immunology Sample Collection Guidelines

(Note: Testing is only performed weekly)

Investigation request and samples	Special instructions and indicative turnaround time	Storage and transport instructions						
<p>Neonatal Alloimmune Neutropenia (NAIN)</p> <table border="1"> <tr> <td>Mother</td> <td>18 mL EDTA and 12 mL serum (clot)</td> </tr> <tr> <td>Father</td> <td>18 mL EDTA</td> </tr> <tr> <td>Child</td> <td>4 - 6 mL EDTA or buccal swab and 1-2 mL serum (clot)</td> </tr> </table>	Mother	18 mL EDTA and 12 mL serum (clot)	Father	18 mL EDTA	Child	4 - 6 mL EDTA or buccal swab and 1-2 mL serum (clot)	<p>Please contact the Platelet and Neutrophil laboratory prior to collecting samples.</p> <p><i>Child: A stored EDTA is acceptable.</i></p> <p><i>Note: Laboratory turnaround time is 8 working days.</i></p>	<p>Collect on after 3 pm</p> <p>Samples must arrive in the Platelet and Neutrophil laboratory within 18 hours post collection and by 9 am the next day for testing.</p> <p>Store and transport at room temperature.</p>
Mother	18 mL EDTA and 12 mL serum (clot)							
Father	18 mL EDTA							
Child	4 - 6 mL EDTA or buccal swab and 1-2 mL serum (clot)							
<p>Autoantibodies for Neutropenia</p> <table border="1"> <tr> <td>Adult</td> <td>12 mL EDTA and 12mL serum (clot)</td> </tr> <tr> <td>Child</td> <td>4 - 6 mL EDTA and 1-2 mL serum (clot)</td> </tr> </table>	Adult	12 mL EDTA and 12mL serum (clot)	Child	4 - 6 mL EDTA and 1-2 mL serum (clot)	<p>Please contact the Platelet and Neutrophil laboratory prior to collecting samples.</p> <p><i>Note: Laboratory turnaround time is 8 working days.</i></p>			
Adult	12 mL EDTA and 12mL serum (clot)							
Child	4 - 6 mL EDTA and 1-2 mL serum (clot)							
<p>Transfusion Related Acute Lung Injury (TRALI)</p> <table border="1"> <tr> <td>Adult</td> <td>12 mL EDTA or ACD and 12 mL serum (clot)</td> </tr> <tr> <td>Child</td> <td>2-4 mL EDTA and 1-2 mL serum (clot)</td> </tr> </table>	Adult	12 mL EDTA or ACD and 12 mL serum (clot)	Child	2-4 mL EDTA and 1-2 mL serum (clot)	<p><i>Note: Laboratory turnaround time is variable depending on the complexity of the investigation.</i></p>	<p>Store and transport at room temperature as soon as possible after the reaction is reported.</p>		
Adult	12 mL EDTA or ACD and 12 mL serum (clot)							
Child	2-4 mL EDTA and 1-2 mL serum (clot)							
<p>Drug Induced Immune Neutropenia</p> <p>8 mL EDTA, 12 mL serum (clot) and a sample of the medication*</p>	<p>* Medications must be sent in the same form as given to patient e.g. tablets, liquid for IV infusion.</p> <p>Provide the dose administered and patient's weight.</p> <p><i>Note: Laboratory turnaround time is 8 working days.</i></p>	<p>Store and transport at either room temperature or 4°C.</p>						