



# Immunoematology Reference Laboratory Requisition – Donor Testing

Donor Center Name and Address:		Sample(s) sent Frozen? <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>Check (√) Test Requested</b>										
		Packed by:													
		Verified by:													
		Date shipped:			ABO/Rh (D)	<sup>1</sup> Cord ABO/Rh	Antibody Screen	Antibody Identification	<sup>2</sup> Titer	<sup>3</sup> Isotiter 1:256	<sup>4</sup> Rh Phenotype	<sup>5</sup> Phenotype Complete	<sup>6</sup> Molecular Phenotype	Sickle Cell	DAT
Donor Name (Last, First)	Unique Donor Identification	Sample ID (if Applicable)	Bleed Date												
1.				<input type="checkbox"/> Male <input type="checkbox"/> Female DOB: _____/_____/_____											
2.				<input type="checkbox"/> Male <input type="checkbox"/> Female DOB: _____/_____/_____											
3.				<input type="checkbox"/> Male <input type="checkbox"/> Female DOB: _____/_____/_____											
4.				<input type="checkbox"/> Male <input type="checkbox"/> Female DOB: _____/_____/_____											
5.				<input type="checkbox"/> Male <input type="checkbox"/> Female DOB: _____/_____/_____											
6.				<input type="checkbox"/> Male <input type="checkbox"/> Female DOB: _____/_____/_____											
7.				<input type="checkbox"/> Male <input type="checkbox"/> Female DOB: _____/_____/_____											
8.				<input type="checkbox"/> Male <input type="checkbox"/> Female DOB: _____/_____/_____											

<p><b>LEGEND:</b> 1 – Cord Blood ABORh Front Type Only          2 – Anti-D Titer will be performed unless noted in <b>Comments</b> section below.          3 – Isotiter of 1:256 will be performed unless otherwise noted in <b>Comments</b> section below.          4 – Rh Phenotype: C, E, c, e ONLY          5 – Complete Phenotype: C, E, c, e, K, (k), Fy<sup>a</sup>, Fy<sup>b</sup>, Jk<sup>a</sup>, Jk<sup>b</sup>, M, N, S, s: (k) will only be tested if K is positive.          6 – Molecular Phenotype: RBC Genotype for Human Erythrocyte Antigens</p>	<p><b>NOTE:</b> If Antibody screen is positive, identification will be performed.</p>
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<p><b>Comments:</b></p>  	<b>For Qualex Labs Only</b>	
	<p>History <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA</p> <p>_____</p> <p>Tech _____</p>	<p><input type="checkbox"/> NA Place Specimen Label Here</p>