



# Immunoematology Reference Laboratory Requisition – Donor Testing

Donor Center Name and Address:		Sample(s) Sent Frozen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Check (√) Test Requested												
		Packed by:														
		Verified by:														
		Date Shipped:														
Donor Name (Last, First)	Unique Donor Identification	Sample ID (if Applicable)	Bleed Date	ABO/Rh (D)	ABO/Rh Front Type	<sup>1</sup> Segment Retype	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	HLA Antibody Screen
1.																
2.																
3.																
4.																
5.																
6.																
7.																
8.																

**LEGEND:** 1 – Retype of donor unit segment for Type O Rh Positive or Negative  
 2 – Anti-D Titer will be performed unless noted in the **Comments** section  
 3 – Isotiter of 1:256 will be performed unless noted in the **Comments** section  
 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

**NOTE:** If Antibody screen is positive, identification will be performed.

<b>Comments:</b>	<b>For Qualex Labs Only</b>	
	History <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> NA Place Specimen Label Here
	Tech _____	