Person Completing Requisition	
Client	Client#
Department	Phone
Address	
City	ST ZIP
Physician	

PLATELET & NEUTROPHIL IMMUNOLOGY LAB
Phone 800-245-3117 x 6255
Fax (414) 937-6245

Patient/Sample Name Last First MI

MR # Accession # SS # - -

DOB mm/dd/yyyy / / Gender ☐ M ☐ F Ethnicity ☐ Caucasian ☐ African American ☐ Hispanic ☐ Asian ☐ Ashkenazi Jewish ☐ Other

Specimen Type ☐ Blood ☐ Bone Marrow ☐ Plasma ☐ Serum ☐ Amniotic Fluid ☐ CVS ☐ Cultured Amniotic Fluid ☐ Cultured CVS ☐ Other_____ Draw Date mm/dd/yyyy / /

Anticoagulant ☐ EDTA ☐ ACDA ☐ Citrate ☐ Sodium Heparin ☐ Clot ☐ Cyto-Chex ☐ Other_____ Draw Time

Indicate Special Reporting/Billing Requests **BloodCenter of Wisconsin does not bill patients or their insurance.**

PO#_____

Is testing for outpatient Medicare enrollee or Wisconsin Medicaid recipient? Yes ☐ No ☐ If yes, please complete information on reverse.

Diagnosis_____ Number of Pregnancies_____

Platelet Count_____ Number of Transfusions_____ Date of Most Recent Platelet Transfusion_____

TEST ORDERS (See reverse side for sample requirements and panel details)

Drug Dependent Antibody
- ☐Platelet (9000)
- ☐Neutrophil (9500)

List drugs to be tested: (attach list if needed)

_____

_____

☐ Abciximab (Reopro™) Dependent Platelet Antibody (5900)

Heparin-Dependent Antibody **(PF4 ELISA)**
- ☐ IgG (5510) (☐ Routine ☐ STAT)
- ☐ IgA and IgM (5514)

(STAT testing is available for IgG PF4 to local customers only. Please call 414-937-6255 to arrange STAT testing.)

Heparin-Dependent Antibody **(Serotonin Release Assay)**
- ☐ Unfractionated Heparin (5508)
- ☐ Enoxaparin (LMWH) (5108)

☐ Platelet Glycoprotein Expression (5545)
(To rule out Glanzmann Thrombasthenia or Bernard Soulier Syndrome)

☐ Platelet Antibody Screen (5543)

☐ Platelet Autoantibodies (5544)
(Sample must be received within 4 days of draw.
See Whole Blood Age Table on back.)

☐ PNH (Paroxysmal Nocturnal Hemoglobinuria)
- ☐ Erythrocytes - CD59 Expression (5542)
- ☐ Granulocytes - FLAER (GPI-Linked Protein) Expression (5540)
- ☐ Granulocytes and Erythrocytes (5540 and 5542)

☐ Glycoprotein IV (CD36) Typing (5444)

Neutrophil Antibody:
- ☐ Neutrophil Antibody Screen (5102)
- ☐ Neutrophil Antibody Screen and HLA Antibody Screen (5112)
- ☐ Neutrophil Antibody Identification and HLA Antibody Screen (5113)

☐ TRALI (Transfusion Related Acute Lung Injury)

Neonatal Alloimmune
- ☐ **Thrombocytopenia** (5603/5703) (½ 5303)
- ☐ **Neutropenia** (5125/5126)

Father's Name_____

Date of Birth_____

☐ Post-Transfusion Purpura (PTP) (5631)

☐ Multitransfused Platelet Refractory (MPR) (5632)

☐ Platelet Antibody Identification Panel (5608)
(HPA-1a/b, HPA-2a/b, HPA-3a/b, HPA-4a,HPA-5a/b, GPIIb/IIIa, GPIa/IIa, GPIb/IX, GPIV)

☐ Congenital Thrombocytopenia
- ☐ MPL Sequence Analysis (5760)
- ☐ WAS Sequence Analysis (5761)

☐ Congenital Neutropenia
- ☐ ELA2 Sequence Analysis (5107)
- ☐ HAX1 Sequence Analysis (5762)
- ☐ WAS Sequence Analysis (5761)

☐ Neutrophil Antigen Genotyping Panel (5201)
(HNA-1a, HNA-1b, HNA-1c, HNA-4a/b, HNA-5a/b)

☐ Neutrophil Antigen Genotyping – Individual
- ☐ HNA-1a, HNA-1b, HNA-1c (5250)
- ☐ HNA-4a/b (5204)
- ☐ HNA-5a/b (5205)

☐ Platelet Antigen Genotyping Panel (5600)
(HPA-1, HPA-2, HPA-3, HPA-4, HPA-5, HPA-6, HPA-9, HPA-15)

☐ Platelet Antigen Genotyping – Individual
- ☐ HPA-1 ☐ HPA-2 ☐ HPA-3 ☐ HPA-4
- ☐ HPA-5 ☐ HPA-6 ☐ HPA-9 ☐ HPA-15

PLATELET ALLOANTIGEN NOMENCLATURE

HPA-1a = Pl^{A1}	HPA-3a = Bak^a	HPA-5a = Br^b	HPA-9a = Max^b
HPA-1b = Pl^{A2}	HPA-3b = Bak^b	HPA-5b = Br^a	HPA-9b = Max^a
HPA-2a = Ko^b	HPA-4a = Pen^a	HPA-6a = Ca^b	HPA-15a = Gov^b
HPA-2b = Ko^a	HPA-4b = Pen^b	HPA-6b = Ca^a	HPA-15b = Gov^a

Comments_____

_____

BCW Use Only					
____	EDTA	_____	Serum	Opened By	____
____	ACDA	_____	Amnio	Evaluated By	____
____	Clot	_____	Cyto-Chex	Reviewed By	____
____	Other	_____		Labeled By	____

SAMPLE REQUIREMENTS AND SHIPPING INSTRUCTIONS

Label samples clearly with full name of individual, date and time drawn.

Test	Sample Requirement
Drug Dependent Platelet Antibody Abciximab Dependent Antibody Heparin Dependent Antibody (IgG, IgA and IgM) Heparin Dependent Antibody Serotonin Release Assay Platelet Antibody Screen Drug Dependent Neutrophil Antibody Neutrophil Antibody Screen Neutrophil Antibody Screen and HLA Antibody Screen Neutrophil Antibody Identification and HLA Antibody Screen	5 ml of serum per test ordered. Sample must be less than 7 days old when tested. Store refrigerated. (If the sample has been kept frozen it may be more than 7 days old.) Send sample refrigerated
Platelet Glycoprotein Expression	**Contact lab before drawing.** 5 ml ACD-B whole blood from patient and a control (control must be from a volunteer donor unrelated to patient). ACD-A is acceptable if ACD-B is not available. **Send Next Day Delivery Tuesday – Thursday**. Send sample refrigerated
Platelet Autoantibodies	40 ml ACD-A whole blood if patient platelet count <100,000 10 ml ACD-A whole blood it patient platelet count >100,000 **See Whole Blood Age Table for draw date and received date requirements.** Send sample refrigerated
Granulocyte PNH (Paroxysmal Nocturnal Hemaglobinuria) Or Granulocyte and Erythrocyte PNH (Paroxysmal Nocturnal Hemaglobinuria)	5 ml **Cyto-Chex** whole blood. Send sample at room temperature. Send sample in provided collection kit for Granulocyte PNH testing. **Send FedEx Priority Overnight Monday – Thursday.**
Erythrocyte PNH (Paroxysmal Nocturnal Hemaglobinuria)	5 ml EDTA whole blood. **Send sample refrigerated. Sample must be less than 8 days old when received.**
Glycoprotein IV (CD36 Typing)	10 ml ACD-A or EDTA whole blood. Send sample at room temperature
TRALI (Transfusion Related Acute Lung Injury) Includes Neutrophil Antibody Screen and HLA Antibody Screen	5 ml serum from patient 1-5 ml serum from the donor or donor blood product unit. Send sample refrigerated
Neutrophil Antigen Genotyping Platelet Antigen Genotyping – Individual or Panel ELA2 Sequence Analysis HAX1 Sequence Analysis MPL Sequence Analysis WAS Sequence Analysis	3-5 ml EDTA whole blood 7-15 ml amniotic fluid 5 x 10^6 cultured amniotic cells 1 ml Cord Blood Send sample at room temperature or refrigerated.
Platelet Antibody Identification Panel	5 ml serum Send sample at room temperature or refrigerated.
Neonatal Alloimmune Thrombocytopenia (NAT or NATP) (includes Platelet Antigen Genotyping Panel of mother and father and Platelet Antibody Identification Panel of mother including crossmatches)	30 ml ACD-A whole blood from mother and father 10 ml serum from mother **See Whole Blood Age Table for draw date and received date requirements.** Send sample refrigerated
Post-Transfusion Purpura (PTP) (includes Platelet Antibody Identification Panel and Platelet Antibody Genotyping Panel)	5-10 ml EDTA whole blood 10 ml serum Send sample refrigerated
Multitransfused Platelet Refractory (MPR) (includes Platelet Antibody Identification Panel and Platelet Antibody Genotyping Panel)	5-10 ml EDTA whole blood 10 ml serum Send sample refrigerated
Neonatal Alloimmune Neutropenia (NAN) (Includes Neutrophil Antibody Identification and HLA Antibody Screen on Mother and Neutrophil Antigen Genotyping Panel of Mother and Father)	5-10 ml EDTA whole blood from mother and father 5-10 ml serum from mother Send sample refrigerated

Whole Blood Age Table

Sample drawn on	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Must be received by	Friday	Friday	Friday	Monday	Tuesday	Wednesday	Thursday

Please call the laboratory (800-245-3117 ext 6255) for advice if you will ship samples near a major holiday.

Ship all samples according to catalog description by Next Day delivery unless specified differently above. If refrigeration is required, use sealed ice packs or wet ice sealed in plastic bags. Protect whole blood samples from freezing by wrapping in paper toweling. Mark box **Refrigerate Upon Arrival.** The package must be shipped in compliance with carrier's guidelines. Please contact your carrier for current biohazardous shipping regulations.

Shipping Address: Client Services / PNIL
BloodCenter of Wisconsin
638 North 18th Street
Milwaukee, WI 53233-2121
Phone: 800-245-3117 ext 6396

MEDICARE (OUTPATIENT) AND Wisconsin MEDICAID BILLING INFORMATION

BloodCenter of Wisconsin will bill the institution directly unless testing is performed on an OUTPATIENT Medicare enrollee or a Medicaid recipient from WI.

Medicare # _____
Railroad Retiree # _____
Medicaid # _____ (Wisconsin only)
Patient's Address _____

City _____ State _____ Zip _____
Diagnosis _____ ICD9 Dx Code _____
Referring Physician's Full Name _____
Referring Physician's Provider # (UPIN # and NPI#) _____ Physician's Phone Number