Sample Information (Please Print) *Attach copies of serologic investigation*

Sample Type: ☐ Whole blood ☐ Amniocytes ☐ Buccal swab ☐ DNA _____ (ng/µl)		
Subject Type: ☐ Patient ☐ Donor ☐ Other _____		
Last Name:	First Name:	MI:
Patient ID # or DIN:	Donor ID (DID#):	DOB:
Date/Time Sample Collected:	Gender: ☐ M ☐ F	
Race:	OB History:	Diagnosis:
Brief Transfusion History:	Rh phenotype (serologic):	
Additional Antigen Typing:	Antibody ID:	
Typing Discrepancy? ☐ N ☐ Y If Y, explain:		

Shipping Facility Information

Facility Name:	Facility Code:
Facility Address:	
Physician Name:	Telephone #:
Contact Person:	Telephone #:

Ordering Facility (if different from above)

Facility Name:		Customer Code:
Facility Address:		
Physician Name:		Telephone #:
Send Results to:	Fax #:	Email:

Testing Requested (see sample requirements and shipping information on the back)

Red Cell Antigen Prediction

☐ HEA Molecular Panel (includes C/c, E/e, V, VS, KEL, FY, JK, MNS, U, U variant, LU, DI, CO, DO, LW, SC)

☐ *RHCE* genotyping (weak, null and partial C, E, c, e, V, VS, hr^B and hr^S) (recommended for patients with sickle cell disease)

- ☐ reflex to *RHD* genotyping if *RHCE* results suggest D variant with risk of alloimmunization

☐ *RHD* genotyping (weak and partial D variants, altered C) (recommended for D+ patients with sickle cell disease)

- ☐ reflex to *RHCE* genotyping if *RHD* results suggest RHCE variants with risk of alloimmunization

☐ *RHD* and *RHCE* genotyping

☐ *RHD* zygosity (does NOT test for D variants)

☐ ABO Variants (contact the lab for more information)

☐ ABO Common alleles (A, A_2, B, O_1, O_2)

☐ non-Rh variant testing (specify antigen): _____

☐ cDNA analysis (specify blood group) _____

Platelet Antigen Prediction

☐ HPA panel (includes HPA-1, -2, -3, -4, -5, -6,-9, -15)

NOTE: for Neonatal Alloimmune Thrombocytopenia (NAIT) workups, submission of both maternal and paternal specimens is recommended; submit one request per subject.

Form Completed By (Name and Date): _____

NOTE: Do not complete this form if the testing was requested in Bloodhub Connect.

Sample Requirements and Shipping Information

All patient samples and the Request for Molecular Testing form **must** be clearly labeled with the full name of the individual and a unique identification number. The information on the tube must match the information on the request form.

Sample labels should include date and time of collection.

All donor samples must be clearly labeled with the Donation Identification Number (DIN)

Sample Requirements

Whole Blood: **5-10 ml** whole blood in EDTA (lavender top) tube. If submitting pre- and post-transplant samples, clearly label them as such and submit separate service requests.

Blood specimens submitted for genomic DNA analysis should be less than 10 days old for optimal DNA yield. Older specimens may yield insufficient material for testing.

Blood specimens submitted for cDNA analysis should be pretransfusion and less than 7 days old for optimal RNA yield.

Amniocytes: **1-5 ml** amniotic fluid or **1-5x10^6** cultured amniocytes. A maternal blood sample is required when submitting fetal sample. Submit with separate service requests. Microsatellite analysis (HLA020) is performed on all maternal and amniocyte submissions to rule out maternal cell contamination (MCC). If MCC is detected, testing will not be performed.

Buccal swabs: Use sterile cotton-tipped applicator. Air dry swab before shipment in sterile tube without media. Submission of at two to four swabs per subject is recommended.

Genomic DNA: 20 uL of 25 ng/uL is required for most testing. Call for more information.

Restrictions

Lithium heparin sample tubes are **NOT** acceptable for testing.
Leukoreduced samples **DO NOT** yield acceptable DNA quantities for testing.
Samples without sufficient information for unique identification will be rejected.

Shipping Requirements

Ship at room temperature (whole blood) or refrigerated using ice packs or wet ice sealed in plastic bags (amniocytes, buccal swabs), according to DOT regulations for biological specimens.

Buccal swabs (dried completely) before packaging in a conical tube or plastic bag and shipping using ice packs or wet ice.

Wrap samples in absorbent materials to safeguard from freezing or breakage.

Ship all samples “Next Day” delivery. Contact the lab if shipping for weekend delivery.

Shipping Address

American Red Cross
National Molecular Laboratory
700 Spring Garden Street
Philadelphia, PA 19123

Laboratory Phone #: 1-215-451-4917
Fax #: 1-215-451-2506 or 1-215-451-4925
E-mail: NationalMolecular@redcross.org