Transfusion Service
Consultation Request

Great Plains Health, North Platte, NE
Blood Bank Phone: (308) 696-2770 Fax: (308) 696-7453

Specimen Requirements:
Submit two 7ml EDTA tubes (or three 4 ml EDTA tubes).

Samples **MUST** be labeled with **ALL** of the following:

- Patient First and Last name
- Patient ID number (i.e. Date of Birth, Hospital number or SSN)
- Date and Time collected

NOTE: IMPROPERLY LABELED SAMPLES WILL NOT BE TESTED.

Submitting Facility Information:

Facility Name and City: ________________________________ Request Date:________

Contact Person:______________________ Contact Phone number: ________________

Requesting Physician:____________________________________

Patient Information:

Patient Name: ___________________________________ Birth Date/Age____________

Patient SSN or Hospital ID:_____________________________ Gender: **M**___ **F**____

Specimen Date__________ **Patient ABO/Rh Type**__________ Hgb/Hct:____________

Diagnosis:____

Additional Information:____

Transfusion History: **No record**_____
Within last 3 months: **No**___ **Yes**___ Dates/products:________________________

Prior to last 3 months: **No**___ **Yes**___ Dates/products:________________________

Previously identified Antibodies:______________________________________

Pregnancy History: Number:________ Currently Pregnant? **No**_______ **Yes**_______

Has patient received Rhogam in the last 6 months? No______ Yes______

NOTE: It is standard policy at GPRMC to do a D negative antibody screen on patients who have received Rhogam in the last 6 months. This will detect other significant antibodies in a specimen known to contain anti-D (from Rhogam injection).

Submitting Facility's Antibody Testing results:

		IS	37C	AHG (Gel)	Crossmatches:	
Tube___						
Gel____	I	______	______	________	# Compatible________	
Other___	II	______	______	________		DAT______
	III	______	______	________	# Incompatible_______	

Tests Requested:
____Antibody Identification
____Antigen Screening on Unit Segments For Appropriate Antibodies (Segments sent from ___units)
____D negative antibody screen on Patient who has received Rhogam in the last 6 months
____Other (Please Specify) ____