Immunohematology & Histocompatibility Test Request Form

☐ *C.H.C.S.J.* ☐ *K.W.H.* ☐ *U.H.*

Patient and Physician Information

Name：	SS Nº/Admission Nº：	
Date of Birth： DD / MM / YYYY	Sex： ☐ Male ☐ Female	
Ethnic origin： ☐ Chinese ☐ Portuguese ☐ Macanese ☐ Other		
Physician Name：	Dept.：	Contact Number：

Hospital Blood Bank's Findings & Clinical Diagnosis

Hospital Blood Bank's Findings	ABO：..... RhD：..... DAT：..... Hb：.....g/dl Platelets：..... x 10^9/L Antibody screen：SCI..... SCII..... SCIII..... (please attach the antigen profile)	
Diagnosis & Clinical History		
Medications	☐ No ☐ Yes Please specify：	
Pregnancy & Delivery History	☐ No ☐ Yes G..... P..... ☐ Pregnant now： EDD：DD / MM / YYYY Anti-D IgG given：DD / MM / YYYY	
Previous Transfusion	☐ No	
	☐ Yes	- Date of most recent transfusion： DD / MM / YYYY - Type of transfused blood component*：☐ RC ☐ FFP ☐ PC ☐ CRYO - Nº of unit(s) transfused：.....Blood unit Nº：..... - Transfusion reaction：☐ No ☐ Yes Blood unit Nº：.....

**Note: Red Cell Concentrate (RC) Fresh Frozen Plasma (FFP) Platelet Concentrate (PC) Cryoprecipitate (CRYO)*

Test(s) Request and Sample Requirement

Test(s)	EDTA blood	Clotted blood	Test(s)	EDTA blood	Clotted blood
☐ Antibody identification (DAT Neg)	9 ml	---	☐ Extended phenotype	6 ml	---
☐ Antibody identification (DAT Pos)	12 ml	---	☐ Antibody titration	6 ml	---
☐ ABO/RhD grouping	6 ml	---	☐ HLA antibody screening (Platelet refractoriness)	---	6 ml
☐ Crossmatched red cells .....Unit(s)	6 ml	---	☐ Crossmatched platelets .....Unit(s)	3 ml	6 ml

Sample Collection Date : DD / MM / YYYY **Sample Collection Time** : .....

Urgency of Request

☐ **Emergency**	○ Active bleeding ○ Heart failure ○ Require surgery during the next 24 hours **Emergency contact person**：.....	○ Angina ○ Cerebral vascular disease ○ All blood units are incompatible **Contact number**：.....
☐ **ASAP**	Non-critical in-patient with an order to transfuse or scheduled surgery within 48 hours	
☐ **Routine**	○ Planned transfusion or surgery Date of the plan : DD / MM / YYYY ○ No plan for transfusion or surgery	

CTS may reject the request, if:
1. Not clear of the patient identification.
2. Insufficient/leaked sample.
3. Unmatched sample for test item.
4. Aged sample (sample stored at 2-8℃ for >7 days on day of testing)

Request by：_____

Signature：_____ Date：___/___/_____

CTS-F16r5IH-E
Effective Date:02/05/2019

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