6211 IH 10 West, San Antonio, Texas 78201

COMPATIBILITY TESTING REQUISITION

QUALTEX LABORATORIES
An affiliate of South Texas Blood & Tissue Center

PATIENT INFORMATION:

Last Name:_____ **First Name:** _____

Patient Unique ID # (i.e. SSN, MR #): _____ Date of Birth:_____ ❑ **M** ❑ **F**

Date of Request_____ Attending Physician: _____

Does the patient have a signed consent for transfusion: ❑ YES ❑ NO

For audit purposes please provide the following Lab results: Hemoglobin: _____ mg/d Hematocrit: _____%

TEST REQUESTED:	*COMPONENT TYPE & # NEEDED:	STATUS OF ORDER:	QualTex Use Only:
❑ Blood Type Only ❑ Type & Screen ❑ ***Type & Crossmatch** **If this patient is **new** to Qualtex Labs then we require two different draws (different times)*	❑ Filtered Red Blood Cells: _____ ❑ Autologous Red Blood Cells: _____ ❑ Directed Red Blood Cells: _____ ❑ Platelets (single donor Apheresis): _____ ❑ Fresh Frozen Plasma: _____ ❑ Cryoprecipitate AHF: _____	❑ STAT ❑ ASAP ❑ ROUTINE _____ Date Needed _____ Time Needed	Specimen #: _____ History: _____ Issued: _____

Special Instructions: ❑ CMV Negative ❑ Irradiated ❑ Washed ❑ Hgb S Negative ❑ Other:_____

FACILITY INFORMATION:

Name: _____

Address: _____

Phone #_____

PHLEBOTOMIST INFORMATION:

Name: (Please Print)_____

Signature:_____

_____ **Date** Sample Collected _____ **Time** Sample Collected

Verified by (different from Phlebotomist)_____

INSTRUCTIONS FOR SAMPLE COLLECTION

1. **Collect** and submit at least one 5-7 mL EDTA tube (purple top).
2. Clearly **label** each sample tube with the following information: ***Please Print***.

NOTE: In accordance with FDA regulations, blood samples will not be accepted if the label lacks the required information listed below.

- **Patient's First and Last Name**
- **Patient's Unique ID # (i.e. SSN, MR #)**
- **Blood Bank Arm Band ID # (if applicable)**
- **Date & Time Sample Collected**
- **Phlebotomist's Initials**

3. **Complete** the Phlebotomist's section (front of this form.)
4. Place the sample and appropriate paperwork in a transport envelope.
5. Call **(210) 731-5550** or **1(800) 292-5534** for sample pick up. (Samples can be no more than 3 days from the time of collection.)

POST-COLLECTION CHECK LIST

ATTENTION COURIER:

Verify the following information **is present on the sample tube** and **paper work** prior to transport of sample back to **QualTex Labs**. Checking the boxes:

❑ Patient's First & Last Name
❑ Patient's Unique ID # (i.e. SSN, MR #)
❑ Date & Time of Sample Collected
❑ Phlebotomist's initials
❑ Blood Bank Arm Band ID # (If applicable)

Courier Identification: _____

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