CLIA ID # 45D0500519

QUALTEX LABORATORIES

Antigen Negative Red Blood Cell / HLA Request

(1) Fax order to: (210) 249-4417 (2) Follow-up with a call to: (210) 731-5509 or 1-800-292–5534 ext. 2509
(3) If no responses call Hospital Services: (210) 731-5550

Instructions: Document ordering facility, order by, date/time of order and contact information. Document all pertinent patient information required (if indicated). In addition, fill out special requirements and additional comments and/or instructions.

Ordering Facility: _____ **Date** _____ **Time**: _____

Ordered By: _____ **Tel #:** (_____) _____

Fax #: (_____) _____

Patient Information: Last Name: _____ **First Name** _____

ID # (SSN / MR#): _____ **Patient's DOB**: _____

Diagnosis: _____ **Patient red cell antibody(ies)**: _____

This information is to keep track of those patients that are admitted to different facilities.

Circle urgency:	**STAT** (STAT Charges will apply-Midnight to 0700)	**ASAP**	**Routine**	**Stock**
Blood Type: _____		**No. Needed:** _____		

For Antigen Negative Orders								**For HLA Match Platelets Orders**
Circles antigen required below:								**See Instruction Below:**
C	**E**	**ĉ**	**ê**	**K**	**Fy^a**	**Fy^b**	**Jk^a**	**Fax the patient's HLA phenotype and this completed request to (210)-249-4417**
Jk^b	**M**	**N**	**S**	**ŝ**	**Le^a**	**Le^b**	**P1**	**Does patient have HLA antibodies?** ❑ **No** ❑ **Yes**
C^w	**Kp^a**	**Di^a**	**A1**	**Other:**				**Will you accept ABO/Rh compatible?** ❑ **No** ❑ **Yes**

Circle Special requirements:

Washed	**CMV Negative**	**Irradiated**	**Sickle Cell Negative**	**Other:**

Additional comments / instructions:

In the event **RBC** product is not available will you accept:

ABO/Rh Compatible RBCs	❑ Yes	❑ No	
Frozen deglycerolized RBCs	❑ Yes	❑ No	
Out of town Units	❑ ****Yes***	❑ No	****Additional charges will apply***
Non-Chagas Tested RBCs:	❑ *****Yes***	❑ No	*****Medical Director Consent is required***

To be completed by Reference Lab Staff: Document tech initials, date and comments below, and attach screen shot of antibody entry, if applicable.

Completed by Tech: _____ Completed Date: _____ No. Sent _____

Comments: _____

Reviewed by: _____ Date: _____

Location: 6211 IH 10 West at First Park Ten Blvd., San Antonio, TX 78201 • (210) 731-5509 • 1-800-292-5534 • Fax (210) 249-4417