

## HPM.1.2 Request Immunoematology Services

Procedure Area: Hospital Patient Management (HPM)

Version: 1.0

### Purpose

To request testing services with or without blood components.

### Scope

Customers

### Materials

- ✓ [Request for Immunoematology Services](#) form
- ✓ [Specimen Pickup Request](#) form

### Sample Requirements

- (3) EDTA sample tubes (10 to 15 mL)
- (1) additional 3 mL EDTA sample tube (collected at a different draw time, if the patient has not been previously typed for ABO/Rh)
- Samples submitted for crossmatch must be collected within three days of the expected transfusion date

### Procedure Steps

1. Collect appropriate blood sample tubes, ensuring the blood sample labels include the following information:
  - Patient's first and last name
  - Unique patient ID number (can be medical record number or other patient identifying number used by the facility)
  - Date and time of collection
  - Identity of the phlebotomist
2. Complete the *Request for Immunoematology Services* form confirming the patient information on the form matches the information on the blood sample labels.
3. Fax completed *Request for Immunoematology Services* form along with a copy of the blood bank work-up completed at your facility to the number listed on the bottom of the form.
4. Complete a *Specimen Pickup Request* and fax it to the number listed on the bottom of the form for the blood center that services your facility.
5. Call the appropriate numbers listed on the bottom of the forms to verify that faxes were received; specimen pick up will occur as soon as possible.

### Additional Information

- For platelet antigen/antibody testing, call the laboratory at **(352) 334-1028**.
- When completing forms and records, print legibly and use black ink only.
- To correct clerical errors, draw one line through the error and initial and date alongside the correction; correction fluid is not acceptable on official documentation.

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### Version History

#	Significant Changes	Approved by	Approved	Implemented
1.0	<ul style="list-style-type: none"><li>Changed procedure note and <i>Request for Immunoematology Services</i> form to require an additional 3-mL EDTA tube only if the patient's ABO/Rh is unknown.</li><li>Streamlined procedure steps.</li><li>Added version information.</li></ul> <p><b>Note:</b> <i>Prior versions of this document may exist; version numbers were applied to policies and procedures beginning in ~Jan. 2015.</i></p>	Dr. Juan Merayo-Rodriguez, Medical Director Dr. Marek Fried, Medical Director Richard Jones, QA Manager	27 Feb 2015	03 Mar 2015