

**ANTIBODY REFERRAL FORM**  
**Methodist Hospital Blood Bank**  
**8303 Dodge Street Omaha, NE 68114**  
**(402) 354-4562 (Blood Bank)**

**COLLECTION AND SUBMISSION OF SPECIMEN**

1. Obtain sample and label it according to the instructions to follow:  
Sample Type:  
 1-2 7 ml EDTA tubes (freshly drawn <24 hours old) / NO serum separator tubes  
Sample Label Must Include:  
 Patient first and last name  
 Patient ID number  
 Date and time collected including initials of person drawing specimen  
 Note: Improperly labeled samples will not be tested
2. For transfusion reaction workup, include donor segments and patient's pre and post-transfusion specimens.
3. For Hemolytic Disease of the Newborn Investigation, collect a 7 ml EDTA tube from mother and an EDTA tube collected from baby.
4. Complete this form and contact the Blood Bank at the phone number listed above. Give them the estimated date and time of specimen arrival.

DATE & TIME CALLED: \_\_\_\_\_ PERSON CONTACTED: \_\_\_\_\_

**SUBMITTING FACILITY INFORMATION**

Facility Name: \_\_\_\_\_ Request Date: \_\_\_\_\_  
 Facility Phone: \_\_\_\_\_ Facility Fax Number: \_\_\_\_\_

**PATIENT INFORMATION**

Patient Name: \_\_\_\_\_ Patient ID: \_\_\_\_\_  
 Birth Date: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_  
 Specimen Date: \_\_\_\_\_ ABO/Rh \_\_\_\_\_ Hgb/Hct \_\_\_\_\_  
 Diagnosis \_\_\_\_\_  
 Medications \_\_\_\_\_  
 Transfusion History: No Record \_\_\_\_\_  
     Within last 3 months: NO \_\_\_\_\_ YES \_\_\_\_\_ Dates/Products: \_\_\_\_\_  
     Prior to last 3 months: NO \_\_\_\_\_ YES \_\_\_\_\_ Dates/Products: \_\_\_\_\_  
 Pregnancy History: Number: \_\_\_\_\_ Currently Pregnant? NO \_\_\_\_\_ YES \_\_\_\_\_  
     Recently received RhIG: NO \_\_\_\_\_ YES \_\_\_\_\_ Date Given: \_\_\_\_\_  
 Known RBC Antibody(ies): \_\_\_\_\_

**TEST REQUEST**

Routine \_\_\_\_\_ Patient not waiting, transfuse when available  
 ASAP \_\_\_\_\_ Patient waiting, transfusion needed as soon as possible  
 STAT \_\_\_\_\_ Patient actively bleeding/or scheduled for surgery on \_\_\_\_\_

**SUMMARY OF ANTIBODY TESTING RESULTS**

GEL            Cell I    \_\_\_\_\_            Cell II    \_\_\_\_\_            Cell III    \_\_\_\_\_