



Center Information:

Platelet Refractory Testing and Product Request

Client to Complete

Hospital: _____ Phone #: _____ Fax #: _____ Acct #: _____

Request Date: _____ Time: _____ Requested by (Ordering Physician): _____

Patient Last Name	First Name	Birth Date	Medical Record Number	ABO/Rh	Gender

Clinical Status: Diagnosis: _____ Current Platelet Count: _____ x 10³/μL

Most Recent Platelet Transfusion History: Active Bleeding: No Yes

Date	Platelet Product(s) Given	1-Hour Post-Transfusion Platelet Count 10 ³ μL

Are any of the following factors believed to contribute to the platelet refractoriness? (check all that apply):

Fever Infection Antifungal Therapy Splenomegaly DIC Other: _____

Request is: STAT Routine Sample Collection Date/Time: _____

NOTE: If testing has been performed by another lab, please send results with this request.

Check here to request consult with a Vitalant Field Medical Director.

<u>Testing and Product Request Options</u>	<u>Sample Requirements</u>
NOTE: Local options vary; consult your center for more information	NOTE: Gel separator tubes are NOT acceptable
Testing Requests	
<input type="checkbox"/> Platelet antibody screen: Detects – but does not distinguish between – HLA* Class I and HPA* antibodies	10 mL EDTA tube(s)
<input type="checkbox"/> HLA Class I antibody identification: <input type="checkbox"/> Reflex HLA genotype if antibody identification is positive	10 mL red top clot tube(s) and 20 mL EDTA or ACDA tubes
<input type="checkbox"/> HLA-A/HLA-B low-resolution genotype	20 mL EDTA or ACDA tubes – Unspun/unopened
<input type="checkbox"/> Human platelet antigen genotype	10 mL EDTA tube(s) – Unspun/unopened
Product Requests	
<input type="checkbox"/> Platelet crossmatch (immune adherence assay): Detects product incompatibilities caused by patient HLA Class I and/or HPA antibodies <i>(# of units needed: _____)</i>	10 mL EDTA tube(s)
<input type="checkbox"/> SEARCH for HLA-compatible** donors and/or HLA-selected ***products <i>Known HLA type A ___ A ___ B ___ B ___ (# of units needed: _____)</i>	No sample needed if testing was done previously
Product Requirements: ABO/Rh: _____ CMV-Seronegative: <input type="checkbox"/> Yes <input type="checkbox"/> No Irradiated: <input type="checkbox"/> Yes <input type="checkbox"/> No Check here if PRT* product is not acceptable: <input type="checkbox"/> Other Needs: _____ Need by Date: _____	
*Key: HLA = Human leukocyte antigen; HPA = Human platelet antigen; PRT = Pathogen reduction treatment **The term “HLA-compatible” refers to donors/products selected based upon: (1) the matching of HLA-A and -B antigens between the donor and the recipient, and/or (2) the avoidance of HLA-A and -B antigens against which the recipient antibody specificities react. ***HLA-selected units can be identically matched, best-mismatched to HLA type, Ag-negative compatible, or best Ag-positive mismatched (e.g., B12).	



Center Information:

Patient Last Name	First Name

Instructions

- Please contact the local Vitalant blood center to arrange sample pick up and/or shipping. Contact information can be found at vitalanthealth.org.
- Fill out this request form as completely as possible. Attach copies of any related work previously performed at your facility or at other special testing labs.
- Label all samples with:
 - Full patient name,
 - Second unique patient identifier number, and
 - Date collected.
- Incorrectly or unlabeled specimens may be rejected.
- Please update Vitalant with any changes to the status of this request.

Important Information

- For patients who require ongoing platelet transfusion support and who have a history of defined HLA antibody specificities, a repeat antibody identification is recommended at least every 1-to-2 months.
- Use of the platelet crossmatch should be reserved for patients:
 - Who require special platelet products more urgently than can be achieved through “HLA-centric” means (often while waiting for the HLA-related testing and donor/product search to be completed), and/or
 - Whose etiology for refractoriness is suspected to be due to HPA incompatibilities.
- Communicate with the on-duty Vitalant Medical Director (reachable through Hospital Services department) for assistance ordering testing, interpreting the results, and/or deciding what type(s) of special platelet products to order. The Medical Director may also help identify additional means by which to support refractory patients’ platelet transfusion-related needs.

Vitalant to Complete

Contact Name: _____ Contact #: _____ HWBO#: _____

DIN	Component Codes	Coll. Date	HLA Select	PLT XM	Unit Status					Label Verified Date/EC
					ABO/Rh	CMV Status	Center	WIP	Date/EC	

Comments: _____

