

IMPACTLIFE IMMUNOHEMATOLOGY REFERENCE LABORATORY (IRL) SAMPLE REQUIREMENTS AND TESTING SERVICE DETAILS

Sample Requirements

- Improperly labeled samples will not be processed.
- Gel Separator samples are not acceptable for testing.
- Sample volume requirements are based on full tubes and are critical to facilitate turnaround time and prevent patient care delays.

Immunohematology Service Requests

Test Requested	Sample Requirements	Includes the Following
Full Antibody ID	4 EDTA tubes – 7 mL	<ul style="list-style-type: none"> • ABO/Rh • Antibody screens • Antibody ID panels • DAT (anti-IgG and anti-C3b,d) • Eluate, as necessary • Applicable reagents used for ID (Enzymes, EGA, DTT, Lewis / P1 Substance, etc) • Adsorptions (Plasma and Eluate as appropriate) • Includes transfusion recommendations.
Blood Type Discrepancy Resolution	4 EDTA tubes – 7 mL	<ul style="list-style-type: none"> • ABO/Rh discrepancy resolution, as applicable • Antibody screens, as necessary • Antibody ID panels and applicable reagents, as necessary • Antigen typing, as necessary (A1, M, etc) • <i>Will NOT include transfusion recommendations.</i>
Antigen Type ONLY	1 EDTA Tube – 7ml	<ul style="list-style-type: none"> • Confirmatory ABO/Rh • Antigen type as requested • Additional testing may be required based on patient history • <i>Will NOT include transfusion recommendations.</i>
Direct Antiglobulin Test	1 EDTA Tube – 7ml	<ul style="list-style-type: none"> • Confirmatory ABO/Rh • Will include anti-IgG and anti-C3b,d reagents • Elution may be added as necessary. • <i>Will NOT include transfusion recommendations.</i>
Elution	2 EDTA Tube – 7ml	<ul style="list-style-type: none"> • Confirmatory ABO/Rh • Will include an Acid Elution. • <i>Will NOT include transfusion recommendations.</i>

Immunochemistry Service Requests Cont.

Test Requested	Sample Requirements	Includes the Following
Abbreviated Labor/Delivery	2 EDTA tubes – 7 mL	<ul style="list-style-type: none"> • ABO/Rh • Basic antibody identification • <i>Will NOT include transfusion recommendations.</i>
HDN-Baby Workup	Cord blood sample OR 3 EDTA microtainers from baby	<ul style="list-style-type: none"> • ABO/Rh • DAT (IgG ONLY) • Eluate, as necessary • <i>Will include transfusion recommendations IF mother's specimen is submitted to the Blood Center for antibody testing.</i>
HDN-Mother Workup	2 EDTA tubes (5 mL from mother)	<ul style="list-style-type: none"> • ABO/Rh • Basic antibody identification • <i>Will NOT include transfusion recommendations for the mother.</i> • <i>Verification of the mother's antibody results are used for interpretation in the baby's transfusion recommendations.</i>

ROUTINE Prenatal Service Requests (Performed Monday – Friday)

Test Requested	Sample Requirements	Includes the Following
ROUTINE Prenatal Workup (WEEKDAYS only)	2 EDTA tubes – 7ml	<ul style="list-style-type: none"> • ABO/Rh • Brief antibody identification • Antibody titer, as necessary • <i>Will NOT include transfusion recommendations.</i> • <i>Completed Monday through Friday.</i> • <i>Will NOT be completed during weekends or holidays.</i>

Transfusion Reaction Workup Request

Test Requested	Sample Requirements	Includes the Following
Transfusion Reaction Workup	Contact reference lab to determine sample requirements based on pre-transfusion testing and signs of reaction	<ul style="list-style-type: none"> • ABO/Rh • DAT (anti-IgG and anti-C3b,d) • Eluate, as necessary • Antibody ID, as needed or if requested • <i>Will NOT include transfusion recommendations.</i>

Molecular/Genotype Service Requests (Routine only- No STAT/ASAP service)

Test Requested	Sample Requirements	Includes the Following
Red Cell Molecular Phenotype	1 EDTA tube – 2mLs or 2 buccal swabs	<ul style="list-style-type: none"> Complete, 35 red cell antigen profile.
RHD Variant Assay	1 EDTA tube – 2mls	<ul style="list-style-type: none"> RHD variant determination <i>Will include transfusion / Rh Immune Globulin guidelines.</i>
RHCE Variant Assay	1 EDTA tube – 2mls	<ul style="list-style-type: none"> RHCE (C, c, E, e) variant determination <i>Will include evidence-based guidelines.</i>
HLA Molecular Phenotype	1 EDTA tube – 2mls	<ul style="list-style-type: none"> HLA Class I phenotype (HLA-A and HLA-B)
HPA Molecular Phenotype	1 EDTA tube – 2mls	<ul style="list-style-type: none"> HPA phenotype for 22 antigens.

Platelet Antibody Investigations

Test Requested	Sample Requirements	Includes the Following
HLA / HPA Antibody Investigation WITH Platelet Product Request	2 Serum – 7mls 2 EDTA – 7mls	<ul style="list-style-type: none"> HLA / HPA antibody screen HLA antibody Identification, if applicable HLA /HPA molecular phenotype, as appropriate <i>Will include transfusion recommendations.</i> <i>Crossmatched or HLA/HPA antigen matched platelet product, as available</i>
HLA / HPA Antibody Investigation ONLY	2 Serum – 7mls 2 EDTA – 7mls	<ul style="list-style-type: none"> HLA / HPA antibody screen HLA antibody Identification, if applicable HLA /HPA molecular phenotype, as appropriate <i>Will include transfusion recommendations.</i>