Form: National Reference Laboratory for Specialized Testing Request Form

Submission Information - Contact the NRLST by calling phone number during sample receipt hours. See Page 3 for instructions.

Laboratory Staff Contacted:	Date and Time Contacted:		
Submitting Facility Information			
Facility Name/ID:	Request Date:		
Address:	City:	State:	Zip:
Contact Name:	Requesting Physician:		
Phone Number:	Fax Number:		

Patient Information

First Name:	Middle Initial:	Last Name:	Patient ID:
Date of Birth/Age:	Sex: ☐ Male ☐ Female	Race/Ethnicity:	Sample Collection Date:
Platelet Count:	Hgb/Hct:	Specimen Type: ☐ Serum ☐ Plasma ☐ Whole blood (EDTA or ACD)	
Diagnosis:		Medications:	
IVIG given*: ☐ No ☐ Yes ► Dates:		***IVIG may interfere with testing assays. Wait 4–6 weeks after IVIG to submit a sample.***	

Patient History

Transfusion History	ABO/Rh:	Transfusion within last 14 days? ☐ No ☐ Yes ► Products/Dates:	
	HLA Type: ☐ Test results pending ☐ Test not ordered	HLA Antibodies: ☐ Test results pending ☐ Test not ordered	
Pregnancy History	Currently Pregnant: ☐ No ☐ Yes ► Delivery or Due Date:		Previous Pregnancies (#):
	Previous pregnancies affected by FNAIT? ☐ No ☐ Yes ► Details:		

NRLST Tests Requested - Select all that apply. ***For samples submitted from NYS, only approved test methods will be performed as part of the test panel. Tests indicated with * will not be performed. All other tests comprising the panel will be completed as applicable.***

Immune-Mediated Thrombocytopenia

Immune Thrombocytopenia (ITP)

☐ Immune Thrombocytopenia Panel
- Direct Platelet Antibody Panel
- Indirect Platelet Antibody Panel
  - Platelet Antibody ID*
  - Platelet Antibody Screen

*Test is not yet available for samples obtained in NYS.

☐ Direct Platelet Antibody Panel (detects platelet-associated IgG and autoantibodies)

Drug-Induced Immune Thrombocytopenia

☐ Platelet Antibody Drug Investigation ***(Please send at least 50 mg of drug sample.)***

Implicated Drug:

Platelet Crossmatching

☐ Platelet Crossmatching for Transfusion

To order HLA-matched or HPA-negative platelets, place an HLA-matched order under Order Type in Connect/BloodHub. Specify HPA requirements in the Comments.

Platelet Refractoriness

☐ Platelet Refractoriness Panel (includes indirect platelet antibody panel and HPA genotyping for HPA-1 through -9, -11, and -15)
- Platelet Antibody Screen
- Platelet Antibody ID*
- HPA genotyping for HPA-1 through -9, -11, and -15*

*Test is not yet available for samples obtained in NYS.

☐ Indirect Platelet Antibody Panel (detect antibodies to HLA Class I, GPIV, and HPA-1 through -5 on GPIIb/IIIa, GPIb/IX, and GPIa/IIa)
- Platelet Antibody Screen
- Platelet Antibody ID*

*Test is not yet available for samples obtained in NYS.

For HLA Class I antibody screen/ID, place an HLA Service Order in Connect/BloodHub.

HPA-1a (PI^{A1}) Typing

☐ HPA-1a Serologic Typing (***NOT included in the other panels. If HPA-1a typing is desired… then select it.)***

Post-Transfusion Purpura (PTP)

☐ Post-Transfusion Purpura Panel
Platelet Antibody Screen
Platelet Antibody ID*
HPA genotyping for HPA-1 through -9, -11, and -15*

*Test is not yet available for samples obtained in NYS.

Specialized Tests

IgA/Anti-IgA

☐ Sensitive IgA testing and Anti-IgA Detection ☐ STAT*

*Anti-IgA test is not yet available for NYS samples.

Fetal/Neonatal Alloimmune Thrombocytopenia (FNAIT)

FNAIT evaluation includes maternal indirect and direct platelet antibody testing, crossmatch of parental samples, and parental HPA genotyping (HPA-1 through -9, -11, and -15). Additional tests may be performed based on NRLST results.
If HPA-1a serologic typing is desired… then mark the box in the HPA-1a section above.

Neonate Information (required for all FNAIT testing)		**Paternal Information (required if paternal sample submitted)**	
Platelet count at birth:	Hgb/Hct at birth:	Name:	ABO:
ABO:	DAT: ☐ Positive ☐ Negative	ID #	DOB/Age:
Transfusion History:		Race/Ethnicity:	Sample Collection Date:

Initial FNAIT Workup

☐ FNAIT Evaluation with Maternal/Paternal Crossmatch
Platelet Antibody ID*
HPA genotyping for HPA-1 through -9, -11, and -15*
Platelet Antibody Screen
Direct Platelet Antibody Panel

*Test is not yet available for samples obtained in NYS.

☐ FNAIT Evaluation with Maternal Sample ONLY
Platelet Antibody ID*
HPA genotyping for HPA-1 through -9, -11, and -15*
Platelet Antibody Screen
Direct Platelet Antibody Panel

*Test is not yet available for samples obtained in NYS.

The most thorough FNAIT workup involves testing maternal and paternal specimens for the assessment of parental incompatibility.

Follow-up for FNAIT Monitoring

☐ FNAIT Follow-up with Maternal/Paternal Crossmatch
Platelet Antibody ID*
Platelet Antibody Screen
Direct Platelet Antibody Panel

*Test is not yet available for samples obtained in NYS.

☐ FNAIT Follow-up with Maternal Sample ONLY
Platelet Antibody ID*
Platelet Antibody Screen
Direct Platelet Antibody Panel

*Test is not yet available for samples obtained in NYS.

Instructions for Submitting Samples for Testing

- Complete Page 1, Page 2, or both of this form. For information that cannot fit in a field, send it as an attachment.
- Please contact the national reference laboratory for specialized testing (NRLST) by calling **(215) 451-4205** during sample receipt hours (below) and **notify the NRLST of test requests for FNAIT panels, HPA-1a typing, direct platelet antibody test, HbF or ITP panel, prior to sample submission**.
  - Record the name of the NRLST laboratory staff notified along with the date and time of the notification on Page 1.
- Refer to the table below for specimen requirements. If sample requirements are not met, a disclaimer may be added to the final report.
- **Ensure the samples are labeled with the collection date, specimen type (if in a transfer tube), patient's name, and date of birth or ID number.**
- Submit the sample(s) and completed NRLST request form to the address below.

Southeastern Pennsylvania National Reference Laboratory for Specialized Testing (NRLST) 700 Spring Garden Street, Philadelphia, PA 19123	Fax #: (215) 351-0179 Phone #: (215) 451-4205	**Sample Receipt Hours** 7:00 AM to 4:00 PM (Monday to Thursday) 7:00 AM to 12:00 PM (Friday)

Serum and plasma from gel separator tubes cannot be used for testing. Separated, frozen, or both must be shipped in plastic tubes.
Sample label must include a) Patient name, b) Patient ID number or date of birth, c) Date collected. Sample identifying information must match information documented on this form exactly. Improperly labeled samples will not be tested.

- Ship samples according to federal and local requirements for Biological Substances Category B.

<table>
<tr><th>Test</th><th colspan="4">Specimen Requirements and Shipping</th></tr>
<tr><td rowspan="3">Indirect Platelet Antibody Panel</td><td>Specimen:</td><td colspan="3">6 mL serum from plain red top tube. Separate serum from red cells into a transfer tube. Serum can be refrigerated up to 48 hours after collection but must be frozen within 48 hours of collection.</td></tr>
<tr><td>Temperature:</td><td colspan="3">Ship frozen on dry ice. Serum shipped on wet ice (not frozen) must arrive within 48 hours of collection.</td></tr>
<tr><td>Additional Notes:</td><td colspan="3">Plasma is NOT acceptable for this assay.</td></tr>
<tr><td rowspan="4">Platelet Refractoriness Panel
Post-Transfusion Purpura Panel</td><td rowspan="3">Specimens:</td><td colspan="3">Serum AND whole blood are required to complete testing.</td></tr>
<tr><td colspan="3">• 6 mL serum from plain red top tube. Separated serum must be frozen within 48 hours of collection but can be refrigerated if it is for less than 48 hours.</td></tr>
<tr><td colspan="3">• 4 mL whole blood (EDTA). Do not spin or separate.</td></tr>
<tr><td>Temperature:</td><td colspan="3">• Serum: Ship frozen on dry ice. Refrigerated samples are acceptable if shipped on wet ice AND arrive within 48 hours of collection.
• Whole blood: Store and ship at room temperature.</td></tr>
<tr><td rowspan="6">Direct Platelet Antibody Panel
HPA-1a Serologic Typing for Patients</td><td>Specimen:</td><td colspan="3">Whole blood (EDTA) from lavender or pink top tube. Do not spin or separate.</td></tr>
<tr><td rowspan="5">Volume Requirement:</td><td>Platelet Count (/mm3)</td><td>Sample Required</td><td># EDTA Tubes</td></tr>
<tr><td>>100,000</td><td>15 mL</td><td>2–3</td></tr>
<tr><td>60,000 to 100,000</td><td>25 mL</td><td>4–5</td></tr>
<tr><td>25,000 to 59,999</td><td>40 mL</td><td>7–8</td></tr>
<tr><td><25,000</td><td>The test cannot be performed</td><td>N/A</td></tr>
<tr><td>Temperature:</td><td colspan="3">Whole blood: Store and ship at room temperature. Samples must be received in the testing lab within 48 hours of collection.</td></tr>
<tr><td>Additional Notes:</td><td colspan="3">If the patient recently received a platelet transfusion… then collect the sample 4–5 days post-transfusion.</td></tr>
<tr><td>Immune Thrombocytopenia Panel</td><td>Specimens:</td><td colspan="3">See specimen and shipping requirements for both indirect and direct platelet antibody panels.</td></tr>
<tr><td rowspan="3">Platelet Crossmatch
Platelet Antibody Drug Investigation</td><td>Specimen:</td><td colspan="3">6 mL of serum, plasma, or whole blood from plain red, lavender, or pink top tube. Separate serum from red cells into a transfer tube. EDTA whole blood does not need to be separated.</td></tr>
<tr><td>Temperature:</td><td colspan="3">Serum/plasma: Ship on wet ice if arriving within 48 hours of collection or ship frozen on dry ice. Whole blood: Ship at room temperature.</td></tr>
<tr><td>Additional Notes:</td><td colspan="3">Platelet Antibody Drug Investigation: Send a sample of the implicated drug (minimum of 50 mg). Platelet Crossmatch: The sample can be used for a maximum of 14 days from the date of collection.</td></tr>
<tr><td rowspan="3">Sensitive IgA and Anti-IgA Test
Anti-IgA Test</td><td>Specimen:</td><td colspan="3">2 mL of serum or plasma from plain red, lavender, or pink top tube. Separate serum/plasma from red cells into a transfer tube.</td></tr>
<tr><td>Temperature:</td><td colspan="3">Ship on wet ice or if frozen… then ship on dry ice.</td></tr>
<tr><td>Additional Notes:</td><td colspan="3">Must be a pre-transfusion sample or sample collected at least 6 weeks after transfusion of IgA-containing product or IVIG infusion.</td></tr>
<tr><td rowspan="3">HbF Quantification</td><td>Specimen:</td><td colspan="3">At least 1 mL whole blood (EDTA or ACD). Do not spin or separate. Must be submitted in original collection tube promptly after specimen collection.</td></tr>
<tr><td>Temperature:</td><td colspan="3">Ship on wet ice.</td></tr>
<tr><td>Additional Notes:</td><td colspan="3">Samples received at ambient temperature will be rejected.</td></tr>
<tr><td rowspan="4">FNAIT Eval with Paternal Sample
FNAIT Eval with Maternal Sample ONLY
FNAIT Follow-up with Maternal/ Paternal Crossmatch
FNAIT Follow-up with Maternal Sample ONLY</td><td rowspan="3">Specimen:</td><td></td><td>Initial FNAIT Evaluation</td><td>Follow-up Monitoring</td></tr>
<tr><td>Maternal</td><td>6 mL serum AND
20 mL whole blood (EDTA)</td><td>10 mL serum</td></tr>
<tr><td>Paternal</td><td>20 mL whole blood (EDTA)</td><td>20 mL whole blood (EDTA)</td></tr>
<tr><td rowspan="2">Temperature:</td><td colspan="3">Serum: Ship serum frozen on dry ice. Serum shipped on wet ice is acceptable if arriving within 48 hours of collection. Whole blood: Ship at room temperature.</td></tr>
<tr><td colspan="3">Samples must be received in the testing lab within 48 hours of collection.</td></tr>
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