BloodCenter of Wisconsin does NOT bill patients or their insurance. Call 800-245-3117 ext. 6250 for your Client#.

Person Completing Requisition		
Institution		Client#
Dept	Physician	
Address		
City	ST	ZIP
Phone (Lab)	Phone (Physician)	

PLATELET & NEUTROPHIL IMMUNOLOGY LAB
Phone 800-245-3117 x 6250
Fax (414) 937-6245

Patient/Sample Name
Last First MI

MR # Accession # SS # - -

DOB / / Gender ☐ M ☐ F Ethnicity ☐ Caucasian ☐ African American ☐ Hispanic ☐ Asian ☐ Ashkenazi Jewish ☐ Other

Specimen Type ☐ Blood ☐ Bone Marrow ☐ Plasma ☐ Serum ☐ Amniotic Fluid ☐ CVS ☐ Cultured Amniotic Fluid ☐ Cultured CVS ☐ Other______________ Draw Date / /

Anticoagulant ☐ EDTA ☐ ACDA ☐ Citrate ☐ Sodium Heparin ☐ Clot ☐ Other__________________ Draw Time

Indicate Special Requests **Reporting**____________________________

PO#____________________________

Is testing for outpatient Medicare enrollee or Wisconsin Medicaid recipient? Yes ☐ No ☐ If yes, please complete information on reverse.

Diagnosis____ Number of Pregnancies______________________ Platelet Count___________________

Neutrophil Count_____________ Number of Platelet Transfusions______________ Date of Most Recent Platelet Transfusion ________________

TEST ORDERS (See reverse side for sample requirements and panel details)

Immune Thrombocytopenias

Drug-Induced Thrombocytopenia (non-heparin)
- ☐ Abciximab (Reopro™) Dependent Platelet Antibody (5900)
- ☐ Drug Dependent Platelet Antibody (9000)

List drugs to be tested: (attach list if needed) ___________________________
____

Heparin-Induced Thrombocytopenia
- ☐ Heparin-Induced Thrombocytopenia Evaluation (IgG PF4 ELISA with REFLEX to SRA if non-negative) (5509)
- ☐ Heparin Dependent Platelet Antibody IgG PF4 ELISA (5510)
  - ☐ STAT, **local customers only.** Please call **800-245-3117 ext 6250**
- ☐ Heparin Dependent Platelet Antibody IgA and IgM PF4 ELISA (5514)
- ☐ Heparin Dependent Platelet Antibody Serotonin Release Assay (5508)

Alloimmune Thrombocytopenia
- ☐ Platelet Antibody Screen (5543)
- ☐ Platelet Antibody Identification Panel (5608) (Includes the Platelet Antibody Screen. Detects antibodies to HPA-1, -2, -3, -4, -5, GPIIb/IIIa, GPIa/IIa, GPIb/IX, GPIV, and Class I HLA)

Idiopathic Thrombocytopenic Purpura
- ☐ Platelet Autoantibodies (5544) (Sample must be received within 4 days of draw. See Whole Blood Age Table on page 2.)

Neonatal Alloimmune Thrombocytopenia (NAIT)
- ☐ **Initial** testing of Maternal sample with Paternal samples (5603/5703)
  Father's Name_____________________________ Date of Birth_______._
- ☐ **Initial** testing of Maternal sample ONLY (5303)

Follow up NAIT testing
(Order only after 5603 or 5303 have been completed or as advised by BCW)
- ☐ **Serial** Monitoring of Maternal sample with Paternal Crossmatching (5640)
  Father's Name_____________________________ Date of Birth_______._
- ☐ **Serial** Monitoring of Maternal sample ONLY (5630)

Transfusion Medicine Complications
- ☐ Platelet Transfusion Refractory (PTR) Panel (5632)
- ☐ Post-Transfusion Purpura (PTP) Panel (5631)
  (Each panel includes the Platelet Antibody Identification Panel and the Platelet Antigen Genotyping Panel)

Immune Neutropenias

Alloimmune Neutropenia
- ☐ Neutrophil Antibody Screen (5102)
- ☐ Neutrophil Antibody Screen with REFLEX to HLA Antibody Screen (5110)
- ☐ Neutrophil Antibody Screen with REFLEX to 5113 (5119)
- ☐ Neutrophil Antibody Screen and HLA Antibody Screen (5112)
- ☐ Neutrophil Antibody Identification and HLA Antibody Screen (5113)

Drug-Induced Neutropenia
- ☐ Drug Dependent Neutrophil Antibody (9500)

List drugs to be tested: (attach list if needed) ___________________________

Transfusion Related Acute Lung Injury (TRALI)
- ☐ TRALI Workup on **Donor serum** (5112) Recipient Name:________________
- ☐ TRALI Workup on **Recipient/Patient serum** (5112): Name(s) or unit #(s) of Donors:____
- ☐ **HOLD** TRALI **Recipient** (5002) Name(s) or unit #(s) of donors: ___________
  ____

Neonatal Alloimmune Neutropenia
- ☐ Neonatal Alloimmune **Neutropenia** (NAN) (5125/5126)
  Father's Name_____________________________ Date of Birth_______._

Genetic Testing and Genotyping

Congenital Thrombocytopenia
- ☐ MPL Sequence Analysis (5760)
- ☐ WAS Sequence Analysis (5761)
- ☐ RUNX1 Sequence Analysis - Inherited (5763)
- ☐ MYH9 Sequence Analysis - Inherited (5765)

Congenital Neutropenia
- ☐ ELANE Sequence Analysis (5107)
- ☐ HAX1 Sequence Analysis (5762)
- ☐ WAS Sequence Analysis (5761)

Platelet Antigen Genotyping
- ☐ Panel (5600) (HPA-1, HPA-2, HPA-3, HPA-4, HPA-5, HPA-6, HPA-9, HPA -15)

OR

☐ HPA-1 (5519) ☐ HPA-2 (5523) ☐ HPA-3 (5520) ☐ HPA-4 (5521)
☐ HPA-5 (5522) ☐ HPA-6 (5524) ☐ HPA-9 (5209) ☐ HPA-15 (5215)

Neutrophil Antigen Genotyping
- ☐ Panel (5201) (HNA-1,HNA-3, HNA-4, HNA- 5)

OR

☐ HNA-1 (5250) ☐ HNA-3 (5203) ☐ HNA-4 (5204) ☐ HNA-5 (5205)

Deletion/Duplication Analysis
- ☐ aCGH Deletion/Duplication Analysis (4800) gene:_________________________
- ☐ REFLEX to aCGH Deletion/Duplication Analysis following sequencing (4800) gene:_________________________

Immunophenotyping

Glanzmann Thrombasthenia or Bernard Soulier Syndrome
- ☐ Platelet Glycoprotein Expression (PGE) (5545)

Paroxysmal Nocturnal Hemoglobinuria (PNH)
- ☐ PNH - Leukocytes (5549)
- ☐ PNH – Erythrocytes & Leukocytes (5550)

Other
- ☐ Glycoprotein IV (CD36) Typing (5444)

BCW Use Only

______	EDTA	__________	Serum	Opened By	__________
______	ACDA	__________	Amnio	Evaluated By	__________
______	ACDB	__________	Clot	Reviewed By	__________
______	Other			Labeled By	__________

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SAMPLE REQUIREMENTS AND SHIPPING INSTRUCTIONS Label samples clearly with full name of individual, date and time drawn.

<table>
<tr><th>Test</th><th>Sample Requirement</th></tr>
<tr><td>Abciximab Dependent Antibody
Drug Dependent Platelet Antibody
Drug Dependent Neutrophil Antibody
Heparin-Induced Thrombocytopenia Evaluation
Heparin Dependent Platelet Antibody (PF4 ELISA) (IgG, IgA and IgM)
Heparin Dependent Platelet Antibody Serotonin Release Assay
NAIT Serial Monitoring of Maternal sample ONLY
Neutrophil Antibody Screen (5102, 5110, & 5119)
Neutrophil Antibody Screen and HLA Antibody Screen
Neutrophil Antibody Identification and HLA Antibody Screen
Platelet Antibody Screen Flow Cytometry
Platelet Antibody Identification Panel</td><td>5 ml of serum per test ordered. Sample must be less than 7 days old when tested. Store refrigerated. (If the sample has been kept frozen it may be more than 7 days old.) Send sample refrigerated.</td></tr>
<tr><td>Platelet Glycoprotein Expression (PGE)</td><td>5 ml ACD-B or ACD-A whole blood from patient and a control from a volunteer donor unrelated to patient. Sample must be less than 2 days old when received. Send FedEx Priority Overnight Monday – Thursday.</td></tr>
<tr><td>Platelet Autoantibodies</td><td>40 ml ACD-A whole blood if patient platelet count <100,000.
10 ml ACD-A whole blood it patient platelet count >100,000.
See Whole Blood Age Table for draw date and received date requirements. Send sample refrigerated.</td></tr>
<tr><td>Paroxysmal Nocturnal Hemoglobinuria
PNH – Leukocytes
PNH – Erythrocytes & Leukocytes</td><td>5 ml EDTA whole blood. Send sample refrigerated. Sample must be less than 2 days old when received. Send FedEx Priority Overnight Monday – Thursday.</td></tr>
<tr><td>Glycoprotein IV (CD36 Typing)</td><td>10 ml ACD-A or EDTA whole blood. Send sample at room temperature</td></tr>
<tr><td>TRALI Donor (Transfusion Related Acute Lung Injury)
TRALI Recipient (Transfusion Related Acute Lung Injury)</td><td>5 ml serum and 5 ml EDTA whole blood. Send sample refrigerated.
Links are not acceptable</td></tr>
<tr><td>HOLD TRALI Recipient (Transfusion Related Acute Lung Injury) (Sample will be held for 2 months in the event that HLA or Neutrophil Typing is wanted. Client is responsible for placing the typing order.)</td><td>5 ml EDTA whole blood. Send sample refrigerated.
Links are not acceptable</td></tr>
<tr><td>Neutrophil Antigen Genotyping - Individual or Panel
Platelet Antigen Genotyping - Individual or Panel
ELANE Sequence Analysis
HAX1 Sequence Analysis
MPL Sequence Analysis
WAS Sequence Analysis
RUNX1 Sequence Analysis – Inherited
MYH9 Sequence Analysis – Inherited
aCGH Deletion/Duplication Analysis</td><td>3-5 ml EDTA whole blood
7-15 ml amniotic fluid
5 x 10^6 cultured amniotic cells
1 ml Cord Blood
1µg DNA (25ng/µl and 25µl)
Send sample at room temperature or refrigerated.
If required, an informed consent form is available in our catalog or on our web site at https://www.bcw.edu/bcw/Diagnostics/Testing-Services/index.htm.</td></tr>
<tr><td>Neonatal Alloimmune Thrombocytopenia (NAIT or NATP)
Initial testing on Maternal sample with Paternal sample
(Includes Platelet Antigen Genotyping Panel of mother and father and Platelet Antibody Identification Panel of mother including crossmatches)
Serial Monitoring testing on Maternal and Paternal samples
(Includes Platelet Antibody Identification Panel of mother including crossmatches of mother's serum against father's platelets)</td><td><table><tr><th></th><th>Initial</th><th>Serial Monitoring</th></tr><tr><td>Mother</td><td>30 ml ACD-A whole blood and 10 ml serum</td><td>10 ml serum</td></tr><tr><td>Father</td><td>30-40 ml ACD-A whole blood</td><td>30-40 ml ACD-A whole blood</td></tr></table>Each sample must be clearly labeled with the full name of individual (mother or father).
See Whole Blood Age Table. Send sample refrigerated.</td></tr>
<tr><td>Neonatal Alloimmune Thrombocytopenia (NAIT or NATP)
Initial testing on Only Maternal sample
(Includes Platelet Antigen Genotyping Panel of mother and Platelet Antibody Identification Panel of mother)</td><td>30 ml ACD-A whole blood from mother
10 ml serum from mother
See Whole Blood Age Table for draw date and received date requirements. Send sample refrigerated.</td></tr>
<tr><td>Post-Transfusion Purpura (PTP)
Platelet Transfusion Refractory (PTR)</td><td>5-10 ml EDTA whole blood
10 ml serum
Send sample refrigerated.</td></tr>
<tr><td>Neonatal Alloimmune Neutropenia (NAN)
(Includes Neutrophil Antibody Identification and HLA Antibody Screen on Mother and Neutrophil Antigen Genotyping Panel of Mother and Father)</td><td>5-10 ml EDTA whole blood from mother and father
5-10 ml serum from mother
Send sample refrigerated.</td></tr>
</table>

Whole Blood Age Table

Sample drawn on	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Must be received by	Friday	Friday	Friday	Monday	Tuesday	Wednesday	Thursday

Please call the laboratory (800-245-3117 ext 6255) for advice if you will ship samples near a major holiday.
Ship all samples according to catalog description by Next Day delivery unless specified differently above. If refrigeration is required, use sealed ice packs or wet ice sealed in plastic bags. **Protect whole blood samples from freezing by wrapping in paper toweling**. Mark box **Refrigerate Upon Arrival.** The package must be shipped in compliance with carrier's guidelines. Please contact your carrier for current biohazard shipping regulations.

Shipping Address: Client Services / PNIL
BloodCenter of Wisconsin
638 North 18th Street
Milwaukee, WI 53233-2121
Phone: 800-245-3117 ext 6250

MEDICARE (OUTPATIENT) AND Wisconsin MEDICAID BILLING INFORMATION
BloodCenter of Wisconsin will bill the institution directly unless testing is performed on an OUTPATIENT Medicare enrollee or a Medicaid recipient from WI.

Medicare # ____________________
Railroad Retiree # ____________________
Medicaid # (Wisconsin only) ____________________
Patient's Address ____________________

City ____________ State ____________ Zip ____________
Diagnosis ____________ Diagnosis Code ____________
Referring Physician's Full Name ____________________
Referring Physician's Provider # (NPI#) ____________ Physician's Phone Number ____________