

Serological Investigation Request Form

Health Sciences Authority | Blood Services Group | Immunohaematology | Red Cell Reference Laboratory

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Routine ASAP Emergency (Life-Threatening)

Patient Information

Full Name : _____ SC PR NR

NRIC/PP : _____ Nationality : _____

MRO : _____ DOB : _____

Sex : _____ Hospital / Lab : _____

Diagnosis : _____ Active Bleeding : Yes No

Hgb/HCT : _____ Haemolysis : Yes No

Medication (if applicable) : _____ HDN : Yes No

Sample Acceptance Requirements

Patient samples **MUST** be clearly labelled with

- Full name (according to NRIC/Passport)
- NRIC/Passport number
- Drawn date and time
- Phlebotomist identifier

The above details must be identical to the request form.

Transfusion History (Please include additional details, if possible)

Transfusion within last 3 months : Yes No _____

Transfusion prior to last 3 months : Yes No _____

History of Transfusion Reaction : Yes No _____

Previous Pregnancy : Yes No _____

Intravenous Immunoglobulin (IVIG) : Yes No _____

Stem Cell Transplant (Please attach transplant protocol, if necessary) : Yes No Date of transplant : _____

Rh Immunoglobulin (e.g. RhoGam) : Yes No Date of last dose : _____

Anti-CD38 (e.g. Daratumumab, Isatuximab) : Yes No Date of last dose : _____

Test Requested

ABO Confirmation RhD Confirmation

RHD Genotyping

Red Cell Genotyping (please call ahead)

Red Cell Antigen Phenotyping (Antigen : _____)

Rh Phenotyping

Direct Antiglobulin Test (may include monospecific DAT)

Red Cell Antibody Identification (may include phenotyping, DAT, elution, etc.)

Antibody Titration (Antibody: _____)
(may include room temperature test, ABO haemolysin test and/or Red Cell Antibody Identification)

Cold Agglutinin Screen*

Cold Agglutinin Titration*

Donath Landsteiner Test*

Neonatal Jaundice (NNJ) Profile

Others

Samples Required

10 ml EDTA sample

5 ml EDTA sample

10 ml clotted sample + 10 ml EDTA sample

10 ml clotted sample

***Test requires that the sample be allowed to clot at 37°C prior to serum separation**

10 ml clotted mother sample and 1ml EDTA baby sample

Preliminary Investigation

Please attach any preliminary results, if available.

Antibody Screen Lot No.	RBC Suspension (2 - 4%)				(0.8%) Gelcard
	Sal	LISS	AHG	Ctrl	
I					
II					
III					

Cross Matching

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Autoantibody

Autoantibody	AHG	IgG	C3d	Ctrl
DAT / DCT				

Anti-A	Anti-B	Anti-AB	Anti-D	A cell	B cell	O cell	Blood Group

Phlebotomist : _____

Date Drawn / Time : _____

Sample Source:

- Peripheral blood
 Cord blood

Sample Type:

- EDTA
 Clotted
 Blood Bag

Serum Separated by : _____

Investigation Requested by

Dr Name (MCR no) : _____

Date Sent : _____

Received By : _____

Date Received / Time : _____

Report can only be disclosed to requesting facility