



IBC-IRL Consultation Request

24/7/365 Prior to submitting a sample call (317) 916-5188, select option 1

Name of Ordering Facility	Name of Facility to Bill or <u>Leave Blank if same name as the ordering facility</u>	Facility Phone Number
		Facility Fax Number

◆ = Required Field

◆ Patient Name _____ ◆ Patient ID _____ ◆ Patient Date of Birth _____ ◆ Date of Sample _____ ◆ Date of Last RBC Transfusion _____	◆ Antibody history: At IBC? Yes (), No () At your facility? Yes (), No () If yes, History: _____ <hr/> Other Patient Information: If available: Race: _____ Current Hgb _____ Diagnosis: _____
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(✓) ◆ REQUESTED TESTING		(✓)	
	Antibody Identification (ABID)		RBC Serologic Phenotype
	Prenatal Testing – Rhlg Received? _____		RBC Molecular Testing
	Postnatal Testing – Rhlg Received? _____		HDFN Workup
	ABO/Rh Discrepancy		Transfusion Reaction Workup
	DAT Only (If eluate needed, submit as ABID)		Other

Quick Summary of Initial Testing at Facility:

◆ **PRIORITY OF SERVICE REQUESTED** IBC IRL is not routinely staffed on site weekends/holidays; therefore, a weekend/holiday stat fee will apply for any requests that must be completed before Monday at 8am.

(✓)	STAT	Results expedited within 24 hours	STAT FEE APPLIES	
	ASAP	Results within 24*-48 hours	*NO ADDITIONAL FEES Sample <u>must be received at IBC by 2pm</u> to be available for transfusion within the next business day	ADDITIONAL FEES APPLY If sample NOT received at IBC by <u>2pm</u> and MUST be available for transfusion the following day, mark as STAT
	Routine	Results within 5 working days	NO ADDITIONAL FEES	

◆ UNITS FOR TRANSFUSION	(✓)	YES(), NO(), CALL AND CONFIRM ()
Segments submitted from facility? YES(), NO() <u>Red cell requirements</u> (circle below) Antigen Negative Compatibility Screened CMV Negative Irradiated Pedi-Packs Washed Other:		How many units?

Sample Requirements and Additional IRL Information may be found at www.indianablood.org Lab Services/ Reference Lab