



Patient Name _____

PHN _____

Date of Birth _____

Gender _____ Physician _____

**DEPARTMENT OF LABORATORY MEDICINE
DR. MARC BALTZAN HISTOCOMPATIBILITY (HLA) LABORATORY
PLATELET IMMUNOLOGY TEST REQUEST**

St. Paul's Hospital
1702 20th Street West
Saskatoon, Saskatchewan S7M 0Z9
Phone: (306) 655-5205 Fax: (306) 655-5053

***All requests for these tests must be discussed and authorized by the Saskatoon Transfusion Medicine Physician on call at (306) 655-1000.**

THE FOLLOWING INFORMATION MUST BE COMPLETED. ONLY ACCURATELY LABELLED SPECIMENS WILL BE ACCEPTED.

- 1. A two-person identification process must be completed at the patient bedside. The collector must positively identify the patient, sign the requisition, and indicate the collection date and time. The person who confirms the patient identity must be different from the person collecting the specimen. The patient may self identify and sign.**
- 2. Both the specimen and requisition must be labelled with the patient's first and last name and HSN.**
- 3. All applicable sections must be completed in full or testing may be delayed or cancelled.**

Ordered by: Physician _____ Physician phone number _____
Collected at: Facility _____ Facility phone number _____
Collected by: Print name _____ Signature _____
Identified by: Print name _____ Signature _____
Date of collection: _____ **Time:** _____

Diagnosis:

Indication for test:

Is this patient a candidate for BMT: Yes No

Platelet Refractoriness (HLA Antibodies)

Refractory to platelet transfusion: **KIDD & HLATP**

1 x 4 EDTA mL (lavender top) and 1 x 6 mL Serum (plain red top)

Demonstrate platelet refractoriness as follows:

Date and Time of Platelet Transfusion	Pre-transfusion Platelet Count	1 hour Post-transfusion Platelet Count

Note: Immune Refractoriness is defined by a post-transfusion increment of less than or equal to $15 \times 10^9/L$ within 1 hour of platelet transfusion, demonstrated following two consecutive platelet transfusion events.

Platelet Antibodies (HPA Antibodies)

NAIT: **Neonatal Alloimmune Thrombocytopenia (APLAB)**

1 x 10 mL SST Serum and 3 x 5 mL EDTA

PTP: **Post-transfusion Purpura (APLAB)**

1 x 10 mL SST Serum and 3 x 5 mL EDTA

These specimens are referred to Winnipeg CBS for testing. Complete the form at the following web address and attach it to this requisition: <https://blood.ca/en/hospitals/Winnipeg-centre/platelet-immunology-services>

Serum must be separated from clot and frozen if arrival at lab is expected to exceed 48 hours from collection time.