Diagnostics Services Laboratory Edmonton Site
8249 114 Street T6G 2R8
Phone: 780-431-8765 Fax: 780-431-8779
Monday - Friday: 0700 - 1700 hours
After hours urgent requests: Phone 780-231-9273

Canadian Blood Services — BLOOD PLASMA STEM CELLS ORGANS & TISSUES

Refer to https://www.blood.ca for additional information

Request for Serological Investigation (EDM)

Patient

PHN/ULI	Hospital Number		D.O.B. (dd-mmm-yyyy)
Last Name	First Name		BBIN
Gender ☐ Male ☐ Female	Hgb	ABO/Rh	DAT
Clinical Diagnosis		Phenotype	
Known Antibodies	Pregnant last 3 months? ☐ No ☐ Yes	RhIG given? ☐ No ☐ Yes (Indicate Date) Date (dd-mmm-yyyy):	
Transfused last 3 months? ☐ No ☐ Yes Date Transfused: (dd-mmm-yyyy)	Stem Cell/Bone Marrow transplant? ☐ No ☐ Yes If yes: ☐ Allogeneic Transplant Date (dd-mmm-yyyy):		

Requestor

Facility Name	Phone	Fax
Address	Referring Physician	
Facility Testing Method ☐ LISS ☐ PEG ☐ Other (specify) ☐ MTS Gel ☐ Solid Phase		

Specimen

Date & Time collected: (dd-mmm-yyyy) / 24 hour clock	Collected by:	
Shipment Date & Time: (dd-mmm-yyyy) / 24 hour clock	Mode of Transport:	Expected date/time of arrival:

☐ Minimum of two 6 mL EDTA specimens sent. Call: 780-431-8765 **After hours call: 780-231-9273**

☐ Notify Edmonton Diagnostic Services. Fax completed requisition to 780-431-8779 Call: 780-431-8765

Testing

Reason for Request (Attach serological worksheets / antigram)

☐ Antibody Investigation ☐ Fetal Bleed Screen ☐ Other (specify):
☐ ABO/Rh Investigation ☐ Postnatal Investigation (submit both
☐ Direct Antiglobulin Test mother and cord sample)

Transfusion required? ☐ No ☐ Yes
Intended Transfusion Date/Time:_____

NOTE: Customer to order blood through Product Distribution. Fax (780) 433-4478)

Urgency: ☐ Routine ☐ ASAP (Blood needed within 2 days) ☐ Urgent (Blood required within 24 hours)

Comments:

All patient demographic information must be completed or testing will not be performed.

FOR CANADIAN BLOOD SERVICES USE ONLY

Patient History Check: Initial:_____ □ No History

□ Historical ABO/Rh: _____ □ Known Antibodies: _____

□ NetCare: _____ Back File: □ Attached □ Offsite

Reviewed by: _____ Date: _____

Canadian Blood Services Label