



Effective date: 07/29/2002

## REQUEST FOR PLATELET/NEUTROPHIL SEROLOGY TESTING: SUSPECTED NEONATAL THROMBOCYTOPENIA OR NEUTROPENIA

**Laboratory phone: 215 451 4205**

Hospital Name	Hospital Code
Contact Person	Phone
Ordering Physician	Physician Phone

### Sample Information (DOCUMENT INFORMATION FOR SAMPLES SUBMITTED)

PLEASE PRINT ALL APPLICABLE INFORMATION

Maternal Name \_\_\_\_\_ Sample date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
ID Number \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Race \_\_\_\_\_ Previous Pregnancies \_\_\_\_\_ Previous affected infants: Y N  
Maternal Platelet count: \_\_\_\_\_ Maternal Neutrophil count (%): \_\_\_\_\_  
List maternal medications including IV gamma globulin (IVIgG): \_\_\_\_\_

Paternal Name \_\_\_\_\_ Sample date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
ID Number \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Race \_\_\_\_\_

### Patient information for the affected infant as applicable:

Platelet count at birth: \_\_\_\_\_ Absolute Neutrophil Count (ANC) at birth: \_\_\_\_\_  
IVIgG administered? Y N (ANC=  $wbc/mm^3 \times \% \text{neutrophils}$ )  
Transfusion History \_\_\_\_\_

Please attach additional information regarding response to platelet transfusion, platelet or neutrophil counts and administration of IVIgG for the affected infant. Include details of previously affected infants (if available).

### Testing Requested

**Please refer to the reverse side of this form for test descriptions and sample requirements.**

<input type="checkbox"/> Neonatal Alloimmune Thrombocytopenia (NAIT) evaluation	<input type="checkbox"/> Alloimmune Neonatal Neutropenia (ANN) investigation (complete)- maternal and paternal samples <b>(must be scheduled)</b>
<input type="checkbox"/> Maternal platelet antibody only	<input type="checkbox"/> Maternal neutrophil antibody only

Form completed by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Final report to be sent to: \_\_\_\_\_  Address: \_\_\_\_\_  Fax \_\_\_\_\_  
Preliminary report Attention: \_\_\_\_\_  Phone \_\_\_\_\_  Fax \_\_\_\_\_



Effective date: 07/29/2002

<b>Diagnosis / Laboratory Approach</b> <b>Alloantibody Investigation:</b>	<b>Sample Requirements</b>	<b>Applicable Laboratory codes</b>								
<p><b>Neonatal Alloimmune Thrombocytopenia (NAIT) evaluation</b>                      Thrombocytopenia in a newborn may be due to passive transfer of maternal antibody. For complete investigations, testing is performed for detection of maternal antibody and determination of platelet antigen typings of mother and father. Maternal serum is tested against paternal and panel platelets.</p>	<table border="0"> <tr> <td style="text-align: center;"><u><b>Maternal</b></u></td> <td style="text-align: center;"><u><b>Paternal</b></u></td> </tr> <tr> <td>30mL EDTA blood</td> <td>35mL EDTA blood</td> </tr> <tr> <td>7mL <u>plain</u>* red top tube</td> <td></td> </tr> <tr> <td colspan="2"><i>Samples from infants are not indicated.</i></td> </tr> </table>	<u><b>Maternal</b></u>	<u><b>Paternal</b></u>	30mL EDTA blood	35mL EDTA blood	7mL <u>plain</u> * red top tube		<i>Samples from infants are not indicated.</i>		<p>NAIT evaluation: SPLT05                      Atby ID: SPLT02                      Plt atby ELISA: SPLT04</p>
<u><b>Maternal</b></u>	<u><b>Paternal</b></u>									
30mL EDTA blood	35mL EDTA blood									
7mL <u>plain</u> * red top tube										
<i>Samples from infants are not indicated.</i>										
<p><b>Alloimmune Neonatal Neutropenia (ANN) Investigation</b>                      Neutropenia in a newborn may be due to passive transfer of maternal antibody. For complete investigations, testing is performed for detection of maternal antibody and determination of neutrophil antigen typings of mother and father. Maternal serum is tested against paternal and panel neutrophils.</p>	<table border="0"> <tr> <td style="text-align: center;"><u><b>Maternal</b></u></td> <td style="text-align: center;"><u><b>Paternal</b></u></td> </tr> <tr> <td>20mL EDTA blood</td> <td>20mL EDTA blood</td> </tr> <tr> <td>7mL <u>plain</u>* red top tube</td> <td></td> </tr> <tr> <td colspan="2"><i>Samples from infants are not indicated</i></td> </tr> </table>	<u><b>Maternal</b></u>	<u><b>Paternal</b></u>	20mL EDTA blood	20mL EDTA blood	7mL <u>plain</u> * red top tube		<i>Samples from infants are not indicated</i>		<p>Atby ID: SR86021,                      Antigen typing: SNEU01,                      SNEU02</p>
<u><b>Maternal</b></u>	<u><b>Paternal</b></u>									
20mL EDTA blood	20mL EDTA blood									
7mL <u>plain</u> * red top tube										
<i>Samples from infants are not indicated</i>										

**\* Note: Tubes containing gel-separation media cannot be used for testing.**

- **Ship samples at room temperature.**
- **EDTA samples for NAIT investigations must be received in the laboratory < 48 hours from time of collection. Hours for sample receipt- Mon. through Thursday: 7:00AM to 5:30 PM, Fri. 7:00AM-12PM.**

**All complete ANN investigations MUST be scheduled with the laboratory at 215 451 4205**