



Effective Date: 07/29/2002

## REQUEST FOR GRANULOCYTE (NEUTROPHIL) SEROLOGY TESTING

**Laboratory phone: 215 451 4205**

Hospital Name	Hospital Code
Contact Person	Phone
Ordering Physician	Physician Phone

### Patient Information (please print)

Patient Name \_\_\_\_\_ Sample date: \_\_\_\_/\_\_\_\_/\_\_\_\_

ID Number \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex \_\_\_\_\_ Race \_\_\_\_\_ Previous Pregnancies \_\_\_\_\_

Primary Diagnosis \_\_\_\_\_

Brief Transfusion History \_\_\_\_\_

Patient's Test Results	Result
ABO/Rh Type	
RBC Antibody Screen	
HLA Antibody Screen	
Absolute Neutrophil Count (wbc/mm <sup>3</sup> x % neutrophils)	

Medications	No	Yes	Date Range
IVIgG			

### Testing Requested

***Testing is performed weekly and must be scheduled. Please call the laboratory to schedule testing. Please refer to the reverse side of this form for test descriptions and sample requirements.***

- Antibody detection and identification, neutrophils (serum antibody)
- Antibody direct, neutrophils
- Antigen typing, neutrophils
- Antibody detection and identification, neutrophils (donor testing)
- TRALI investigation, neutrophil (recipient)

Form completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Final report to be sent to: \_\_\_\_\_  Address: \_\_\_\_\_  Fax \_\_\_\_\_

Preliminary report Attention: \_\_\_\_\_  Phone \_\_\_\_\_  Fax \_\_\_\_\_



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<b>Diagnosis / Laboratory Approach</b> <b>Alloantibody Investigation:</b>	<b>Sample Requirements</b>	<b>Applicable Laboratory testing/codes</b>
<p><b>Autoimmune Neutropenia (AIN)</b> Neutropenia may be primary or secondary to other disease conditions. The patient's serum is tested against a panel of typed granulocytes. Direct antibody testing can be performed if the patient's absolute neutrophil count is &gt;900/mm<sup>3</sup></p>	<p><b><u>Indirect (serum) testing</u></b>      <b><u>Direct testing</u></b> 7mL <u>plain</u>* red top tube      40mL EDTA blood</p>	<p>Atby ID: SR86021 Atby Dir:SNEU02</p>
<p><b>Transfusion Related Acute Lung Injury (TRALI)</b> Severe pulmonary reactions may be associated with donor antibody reactive against recipient's neutrophils. For complete investigation, recipient's granulocytes are typed and tested with serum from donor samples. Patient and donor sera are tested against a panel of typed granulocytes to determine antibody specificity.</p>	<p><b><u>Recipient</u></b>      <b><u>Donor(s)</u></b> 7mL <u>plain</u>* red top tube      7mL <u>plain</u>* red top tube 14mL EDTA blood      or list of ARC unit #'s or residual plasma from product.  Segments from leukoreduced products are not acceptable for testing..</p>	<p>Atby ID: SR86021 Leukoagglutination. Screen: . SNEU03 TRALI Investigation. Complete:SNEU04</p>

**Important Notes:**

- Testing must be scheduled with our laboratory (215-451-4205)
- \* Tubes containing gel-separation media cannot be used for testing.
- Ship samples at room temperature.
- EDTA samples must be received in the laboratory by 8:00AM on the scheduled day of testing. Samples must be <24 hours old from time of collection.