



# Edmonton Diagnostic Services Immunoematology Referral Testing Services

## Test for Anti-IgA AB\_REF-09

### TEST DESCRIPTION

Individuals suspected to be at risk for an anaphylactic transfusion reaction may be tested for the presence of anti-IgA.

### SPECIMEN AND REQUISITION REQUIREMENTS

#### Specimen(s)

- Minimum 2 mL separated **serum** (not collected in SST gel). Wrap sample caps with parafilm.
- Label specimen with the required minimum information: patient's last name, first name, PHN or Unique Lifetime Identifier (ULI) and date of collection

#### Complete Requisition (must include)

- Patient's last name, first name, date of birth and PHN or ULI
- Facility name, complete address, phone and fax number
- Reason for request including requestor's information
- Sample preparation information
- Date of collection

#### Requisition(s)

- *Patient Request for Anti-IgA Testing (F800014)*

### PRE-SHIPPING STORAGE

Frozen (-20°C or lower).

### SHIPPING INSTRUCTIONS

#### Shipping

- Sample **MUST** be sent frozen with dry ice.
- Select shipping method for container to arrive at testing site within 24 hours.

### SEND TO

Canadian Blood Services  
Edmonton Centre  
8249 114 St NW  
Edmonton, AB T6G 2R8  
Attention: Diagnostic Services Laboratory  
Tel: 780-431-8765  
Fax: 780-431-8747