

PLATELET IMMUNOLOGY LABORATORY

100 Parkshore Drive, Brampton ON L6T 5M1
Phone: (905) 494-5257 Fax: (905) 494-8149



Physician/Authorized Healthcare Provider: _____ (FULL last name & FULL first name)	PHIN (or Unique ID): _____
Facility: _____	Last Name: _____
Address: _____	First Name: _____
City: _____ Province: _____	DOB: _____ YYYY-MM-DD
Telephone: _____ Ext: _____ Fax: _____	Clinic/Medical Record Number: _____
cc To: _____ (FULL last name & FULL first name)	Diagnosis: _____
	Ethnicity: <input type="checkbox"/> Arabic <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Indigenous <input type="checkbox"/> Latin-American <input type="checkbox"/> South Asian <input type="checkbox"/> White <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____

Collected at: Facility: _____ Phlebotomist Name: _____
Collection Date (YYYY-MM-DD): _____ Time (HH:MM): _____

PLATELET INVESTIGATION – See Procedure for Shipping Samples

REQUIRES PRIOR ARRANGEMENTS: (905) 494-5257

Has patient received IVIG or ATG? Yes No IVIG Date: _____ ATG Date: _____
YYYY-MM-DD YYYY-MM-DD

Platelet Allo Immunization (1 X 10 mL separated serum and 5 X 5 mL unopened EDTA)

Post Transfusion Purpura (1 X 10 mL separated serum and 3 X 5 mL unopened EDTA)

Neonatal Investigation (Each sample type requires separate requisition)

Maternal, ABO: _____ (1 X 10 mL separated serum and 3 X 5 mL unopened EDTA)
Currently Pregnant? No Yes, Expected Date of Delivery (YYYY-MM-DD): _____

Paternal, ABO: _____ (5 X 5 mL unopened EDTA)

Neonatal (1 X 1 mL unopened EDTA)

→ Mother's Name: _____ Mother's PHIN: _____

TRALI INVESTIGATION – SAMPLE COLLECTION ONLY – See Procedure for Shipping Samples.

TRALI Date: _____ Time: _____ Patient ABO: _____ Patient Deceased? Yes No
YYYY-MM-DD HH:MM
(PRE-TRALI: 1 X 7mL separated serum POST-TRALI: 1 X 7mL separated serum and 1 X 7mL unopened EDTA.)

To report a TRALI to CBS, please contact your local CBS site.



COLLECTION PROCEDURE – Phlebotomist's Responsibilities

1. The phlebotomist must positively identify the patient and draw the appropriate samples.
2. Phlebotomist must label the samples with patient's unique ID, last name, first name and collection date.
3. The phlebotomist must document on the requisition his/her initials and sample collection date and time.
4. Sample(s) will be rejected if: information is missing or incorrect on the sample/requisition, correction fluid or tape is used, sample has been overlabelled.

PROCEDURE FOR SHIPPING SAMPLES FROM OUTSIDE ONTARIO

1. All EDTA samples must remain UNOPENED.
2. Serum must be separated from clot and frozen prior to shipment, if arrival at lab is expected to exceed 48 hours. The serum aliquot tube must be labeled with identical patient information as the original tube.
3. Pack samples in secure, protection wrapping to avoid breakage/leakage and send samples in a box containing ice packs.
4. Notify PI Lab prior to shipment at (905) 494-5257. Fax waybill, if applicable, and copies of requisitions to (905) 494-8149.
5. **Ship samples for receipt on Monday to Friday** to the nearest CBS or Platelet Immunology Lab: 100 Parkshore Drive, Brampton ON L6T 5M1.

LABORATORY USE ONLY

Sample Number: _____	Accessioned By: _____	File Checked By: _____	Previous File: <input type="checkbox"/> Yes <input type="checkbox"/> No	Demographics Agree: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Date & Time Received at CBS: _____			 	
Date & Time Received at PI LAB: _____				