

FOR LABORATORY USE ONLY

Received by: _

ERYTHROCYTE DIAGNOSTIC LABORATORY

Cancer & Blood Diseases Institute (CBDI)

Phone: 513.636.4685 | Fax:513.636.3861 Lab Hours: Monday-Friday, 8 am – 5 pm EST www.cincinnatichildrens.org/EDL | CBDILabs@cchmc.org Ship to: CCHMC—CBDI Laboratories DIL—RM R2328 3333 Burnet Ave. Cincinnati, OH 45229-3039

CBDI ERYTHROCYTE DIAGNOSTIC LAB - TEST REQUISITION FORM

Patient Demographics (red, sticker als	so acceptable)	SAMPLES MUS	T BE RECEIVED MONDAY – FRIDA		
Last Name Fire	st Name	Middle Name (or initial)		DOB (MM/DD/YYYY)	Legal Sex Medical Record #:	
					F M	
Collection Date (MM/DD/YYYY) Collection		3C Transfusion in e last 4 months? No Yes	Diagnosis or Reason fo	or testing	Hemoglobin Disorder? (Disease or Trait):	
Test Name (check all boxes that	apply)	Test Code	Recommended V	olume/Type (page 2 t	for instructions)	
Hereditary Hemolytic Anemia Pr	ofile					
genetic testing, if applicable). To Hemoglobin Electrophoresis Heinz Body Preparation	Osmotic Gra G6PD Scree an and Storage (a	led: 6 mL EDTA dient Ektacytom n Test n extra 3 mL ED	(lavender), ship refrig netry (please include a TA tube must be sent	perated n normal blood control a	t results with directed suggestions for nd a stained patient slide, if possible)	
Hemoglobinopathies						
Hemoglobin Electrophoresis		2700800	3 mL EDTA (lavende	r), ship refrigerated		
Hemoglobin S Level		2700075	3 mL EDTA (lavende	r), ship refrigerated		
Hemoglobin F Level		2700040	3 mL EDTA (lavender)	, ship refrigerated		
Hemoglobin-Oxygen Affinity (p50	0)	5071890		er), ship refrigerated, kee apanied by a normal contro	ep sample refrigerated, 48 hour stability I blood	
RBC Membrane Disorders						
Osmotic Gradient Ektacytometry Please consider ordering a hemoglobin ele- conjunction with OGE testing if a patient's h (disease or trait) is not known as they may a	ctrophoresis test in emoglobin status	10589605	,	r) & stained slide, ship r te: Should be accompanied	efrigerated, keep sample refrigerated, I by a normal control blood	
RBC Enzymopathies:		I				
G6PD Screen Test		2700055	3 mL EDTA (lavende	r), ship refrigerated		
General Hematology:		ı				
ACKR1/ Duffy Null Genotype		LAB00327	3ml EDTA (lavender), ship refrigerated			
F Cell Analysis, RBC: by flow cyton	netry	11738183	3 mL EDTA (lavender), ship refrigerated			
Heinz Body Preparation		2700065	3 mL EDTA (lavender), ship refrigerated			
Hemoglobin A1c (Glycosylated H	emoglobin)	9000540	3 mL EDTA (lavender), ship refrigerated			
RBC Pit Count		2700100	3 mL EDTA (lavender), ship refrigerated, keep sample refrigerated, 48 hour stability			
Viscosity, Whole Blood		11785022	,	r) & stained slide, ship r appanied by a normal contro	•	
G6PD Common Genotype Analys	sis	LAB0057	3 ml EDTA (lavende	r), ship refrigerated		
Other:						
REFERRING PHYSICIAN			BILLING	& REPORTING IN	FORMATION	
				We do not bill patients or their insurance. Provide billing information here or on page 2.		
Physician Name (print):				Panento or their mountaineer :		
Phone: () Fax: ()						
mail:			Address:):		
	Date	//	——————————————————————————————————————		Fax: ()	

Patient Name:	Date of Birth:	/ /	/

COLLECTION & SHIPPING INSTRUCTIONS

Laboratory hours:

- The lab operates Monday Friday 8 am 5 pm (EST).
- Testing is not performed on weekends or holidays and, therefore, samples must be received Monday Friday only

Collection information:

- · All samples should be labeled with patient name, date of birth and date/time of sample collection
- All samples should be refrigerated as soon as possible.
- Hemoglobin-Oxygen Affinity (p50) and Whole Blood Viscosity: Please draw an additional EDTA tube from a normal volunteer to serve as a travel control
- Ektacytometry samples: Please draw an additional EDTA tube from a normal volunteer to serve as a travel control and submit a stained blood smear for sample, if possible.

Billing / Shipping / Handling:

- Samples must be maintained at refrigeration temperature: ~2–8°C
- Package all samples with ice packs but place a paper-towel barrier between the samples and the ice packs to insulate them so they do not come into direct contact with the ice packs (if cells freeze the sample cannot be tested). See picture below.
- Please notify the CBDI Erythrocyte Diagnostic Laboratory when shipping a sample 513-636-4685, CBDILabs@cchmc.org
- The institution sending the sample is responsible for payment in full

DO NOT SHIP ON DRY ICE!

Questions?

- Call: 513-636-4685
- Email: CBDILabs@cchmc.org



1) Place ice pack in insulated container



2) Place paper towel on top



3) Place specimen on paper towel