



## CBDI ERYTHROCYTE DIAGNOSTIC LAB – TEST REQUISITION FORM

**Patient Demographics** *(all fields required, sticker also acceptable)* **SAMPLES MUST BE RECEIVED MONDAY – FRIDAY**

Last Name	First Name	Middle Name (or initial)	DOB (MM/DD/YYYY)	Legal Sex
				F    M
Medical Record #:	Collection Date (MM/DD/YYYY)	Collection Time (HH:MM)	RBC Transfusion in the last 4 months?	Diagnosis or Reason for testing
			No    Yes	

Test Name (check all boxes that apply)	Test Code	Recommended Volume/Type (page 2 for instructions)
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<b>Hereditary Hemolytic Anemia Profile</b>		
<p>Hereditary Hemolytic Anemia Profile (includes the tests below and a comprehensive interpretation of patient results with directed suggestions for genetic testing, if applicable). Total Volume needed: 6 mL EDTA (lavender), ship refrigerated</p> <ul style="list-style-type: none"> <li>Hemoglobin Electrophoresis</li> <li>Osmotic Gradient Ektacytometry (please include a normal blood control and a stained patient slide, if possible)</li> <li>Heinz Body Preparation</li> <li>Pyruvate Kinase (PK) Deficiency testing</li> <li>G6PD Screen Test</li> </ul> <p><b>Recommended:</b>    <b>DNA Extraction and Storage (an extra 3 mL EDTA tube must be sent)</b>          Ordering this component will prevent the need for an additional blood draw in the future, should genetic testing be indicated and requested.          An extraction charge will apply.</p>		

Hereditary Hemolytic Anemia Profile		
Hemoglobin Electrophoresis	2700800	3 mL EDTA (lavender), ship refrigerated
Hemoglobin S Level	2700075	3 mL EDTA (lavender), ship refrigerated
Hemoglobin F Level	2700040	3 mL EDTA (lavender), ship refrigerated
Hemoglobin-Oxygen Affinity (p50)	5071890	3 mL EDTA (lavender), ship refrigerated <i>Note: Should be accompanied by a normal control blood</i>

RBC Membrane Disorders		
Osmotic Gradient Ektacytometry	10589605	3 mL EDTA (lavender) & stained slide, ship refrigerated <i>Note: Should be accompanied by a normal control blood</i>

RBC Enzymopathies:		
Pyruvate Kinase (PK) Deficiency testing	2700110	3 mL EDTA (lavender), ship refrigerated <i>Note: Should be accompanied by a normal control blood</i>
G6PD Screen Test	2700055	3 mL EDTA (lavender), ship refrigerated

General Hematology:		
ACKR1/ Duffy Null Genotype	LAB00327	3ml EDTA (lavender), ship refrigerated
F Cell Analysis, RBC: by flow cytometry	11738183	3 mL EDTA (lavender), ship refrigerated
Heinz Body Preparation	2700065	3 mL EDTA (lavender), ship refrigerated
Hemoglobin A1c (Glycosylated Hemoglobin)	9000540	3 mL EDTA (lavender), ship refrigerated
RBC Pit Count	2700100	3 mL EDTA (lavender), ship refrigerated
Viscosity, Whole Blood	11785022	3 mL EDTA (lavender) & stained slide, ship refrigerated <i>Note: Should be accompanied by a normal control blood</i>
Viscosity, Serum	4966744	2 mL Serum (separated), ship refrigerated or frozen
Other:		

REFERRING PHYSICIAN
Physician Name (print): _____
Phone: (____) _____ Fax: (____) _____
Email: _____
Referring Physician Signature _____ Date: ____/____/____

BILLING & REPORTING INFORMATION
<b>We do not bill patients or their insurance. Provide billing information here or on page 2.</b>
Institution: _____
Address: _____
City/State/ZIP: _____
Phone: (____) _____ Fax: (____) _____

**NOTE: PLEASE SEE IMPORTANT TEST REQUIREMENT INFORMATION ON PAGE 2.**

<b>FOR LABORATORY USE ONLY</b>	Received by: _____
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## COLLECTION & SHIPPING INSTRUCTIONS

### Laboratory hours:

- The lab operates Monday – Friday 8:00am – 5:00 PM (EST).
- Testing is not performed on weekends or holidays and, therefore, samples must be received Monday – Friday only

### Collection information:

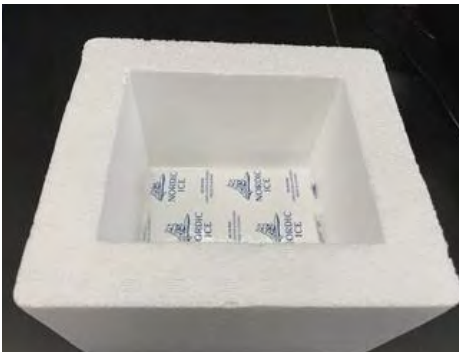
- All samples should be labeled with patient name, date of birth and date/time of sample collection
- All samples should be refrigerated as soon as possible.
- Hemoglobin-Oxygen Affinity (p50), Whole Blood Viscosity and Pyruvate Kinase (PK) Deficiency: Please draw an additional EDTA tube from a normal 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.
- Serum Viscosity samples: Blood must be centrifuged within 8 hours, keep sample refrigerated or freeze.

### Billing / Shipping / Handling:

- Samples must be maintained at refrigeration temperature: ~2–8°C
- Package all samples with cold packs but place a paper-towel barrier between the samples and the cold packs to insulate them so they do not come into direct contact with the cold 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

### Questions?

- Collection/Testing: Call 513-636-4234
- Billing/Shipping: Call 513-636-4685
- Email: CBDILabs@cchmc.org



1) Place cold pack in container



2) Place paper towel on top



3) Place specimen on paper towel