

CBDI Erythrocyte Diagnostic Lab – Test Requisition Form

SAMPLES MUST BE RECEIVED MONDAY - FRIDAY

Patient Demographics (all fields required, sticker also acceptable)

| | | | | |
|------------------|------------------------------|-------------------------|--|---|
| Last Name | First Name | Middle Name | DOB (MM/DD/YYYY) | Legal Sex |
| _____ | _____ | _____ | _____ | <input type="checkbox"/> F <input type="checkbox"/> M |
| Medical Record # | Collection Date (MM/DD/YYYY) | Collection Time (HH:MM) | RBC Transfusion in the last 4 months? | Diagnosis or Reason for testing |
| _____ | _____ | _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes | _____ |

| Test Name (check all boxes that apply) | Test Code | Recommended Volume/Type – Page 2 for instructions |
|--|-----------|---|
|--|-----------|---|

| Test Name (check all boxes that apply) | Test Code | Recommended Volume/Type – Page 2 for instructions |
|--|-----------------|---|
| Hereditary Hemolytic Anemia Profile | | |
| <input type="checkbox"/> 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 Hemoglobin Electrophoresis Osmotic Gradient Ektacytometry (please include a normal blood control and a stained patient slide, if possible) Heinz Body Preparation Pyruvate Kinase (PK) Deficiency testing G6PD Screen Test Recommended: <input type="checkbox"/> DNA Extraction and Storage (an extra 3 mL EDTA tube must be sent) 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. | | |
| Hemoglobinopathies: | | |
| <input type="checkbox"/> Hemoglobin Electrophoresis | 2700800 | 3 mL EDTA (lavender), ship refrigerated |
| <input type="checkbox"/> Hemoglobin S Level | 2700075 | 3 mL EDTA (lavender), ship refrigerated |
| <input type="checkbox"/> Hemoglobin F Level | 2700040 | 3 mL EDTA (lavender), ship refrigerated |
| <input type="checkbox"/> 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 | | |
| <input type="checkbox"/> 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: | | |
| <input type="checkbox"/> Pyruvate Kinase (PK) Deficiency testing | 2700110 | 3 mL EDTA (lavender), ship refrigerated |
| <input type="checkbox"/> G6PD Screen Test | 2700055 | 3 mL EDTA (lavender), ship refrigerated |
| General Hematology: | | |
| <input type="checkbox"/> F Cell Analysis, RBC: by flow cytometry | 11738183 | 3 mL EDTA (lavender), ship refrigerated |
| <input type="checkbox"/> Heinz Body Preparation | 2700065 | 3 mL EDTA (lavender), ship refrigerated |
| <input type="checkbox"/> Hemoglobin A1c (Glycosylated Hemoglobin) | 9000540 | 3 mL EDTA (lavender), ship refrigerated |
| <input type="checkbox"/> RBC Pit Count | 2700100 | 3 mL EDTA (lavender), ship refrigerated |
| <input type="checkbox"/> Viscosity, Whole Blood | 11785022 | 3 mL EDTA (lavender) & stained slide, ship refrigerated <i>Note: Should be accompanied by a normal control blood</i> |
| <input type="checkbox"/> Other: | | |

REFERRING PHYSICIAN

Physician Name (print): _____

Phone: (____) _____ Fax: (____) _____

Email: _____

_____/_____/_____
 Referring Physician Signature Date

BILLING & REPORTING INFORMATION

We do not bill patients or their insurance. Testing will not be performed without appropriate billing information.

Institution: _____

Address: _____

City/State/ZIP: _____

Phone: (____) _____

Fax: (____) _____

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):** Please draw an additional EDTA tube from a normal volunteer to serve as a travel control.
- **Ektacytometry and Viscosity samples:** Please draw an additional EDTA tube from a normal volunteer to serve as a travel control and submit a stained blood smear for the patient, if possible.

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, CBDI Labs@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: CBDI Labs@cchmc.org



1) Place cold pack in container



2) Place paper towel on top



3) Place specimen on paper towel