WELSH TRANSPLANTATION & IMMUNOGENETICS LABORATORY
PLATELET AND WHITE BLOOD CELL INVESTIGATION REQUEST FORM

Section 1- Instructions for request form completion and transportation of samples to the laboratory

Following this instruction page are two separate request forms, please print and complete the appropriate form for the investigation required; **Section 2**- Platelet Immunology Investigations
Section 3- Immunological Transfusion Reaction Investigations

Postal address for samples: **Welsh Transplantation and Immunogenetics Laboratory**
Welsh Blood Service
Ely Valley Road
Talbot Green
Pontyclun
CF72 9WB

Consent

Please note that it is the responsibility of the requester to obtain informed consent for the requested test. Surplus material may also be stored for further diagnostic testing to benefit the individual and used anonymously for quality control, education and training and approved research and development.

IMPORTANT: Sample labelling / completion of request form

Sample tubes must be **handwritten**, four points of identification **must** be present on both the form and the sample tubes (tube and form details must agree). Suitable identifiers include Last name, first name, date of birth, NHS/hospital number. Sample tubes must also contain the date and time taken. The request form must also contain the name, signature and professional registration number of the person taking the sample. Failure to provide this information will result in sample discard.

Sample Requirements

	Sample Volumes Required#	
	EDTA	Clotted
NAIT- Mother	10-20ml	10ml
NAIT- Partner	10-20ml	-
Platelet Refractoriness (1st/2nd request)	40ml	10ml
Platelet Refractoriness (monitoring)	-	10ml
Post transfusion purpura (PTP)	40ml	10ml
TRALI investigation	2x6ml	2x6ml

Please contact the laboratory for help and advice regarding sample requirements for paediatric patients.

Blood sample storage & transportation

Urgent samples must be marked urgent and should be discussed with the laboratory prior to dispatch.
Samples should be transported at ambient temperature and delivered to the laboratory in a timely manner, preferably within 24 hours of collection, and no later than 72 hours. Samples must be packaged in accordance with current post office regulations and European agreement concerning Carriage of Dangerous Goods by road regulations.

HLA/HPA matched platelet provision

Please contact the WTAIL laboratory by telephone using the contact details below prior to completing a HLA/HPA selected platelet provision request form. All requests require approval prior to the provision of selected platelets, for further details please see the All Wales Guideline for HLA and HPA Selected Platelets: Requesting and Feedback, available at https://wbs-intranet.cymru.nhs.uk/bht/policies-guidance-forms/policies/

Further information

For other enquiries, please contact the laboratory for help and advice.
Phone: 01443 622186
Fax: 01443 622310
Email: Antibody.Screening@wales.nhs.uk
Additional Histocompatibility and Immunogenetics information can be found at:
https://portal.welsh-blood.org.uk/wtail

WELSH TRANSPLANTATION & IMMUNOGENETICS LABORATORY
PLATELET AND WHITE BLOOD CELL INVESTIGATION REQUEST FORM
SECTION 2: PLATELET IMMUNOLOGY INVESTIGATIONS

PLEASE SEE SECTION 1 FOR INSTRUCTIONS ON REVERSE FOR COMPLETION OF FORM AND TRANSPORTATION OF SAMPLES TO THE LABORATORY

Patient Details	
Surname:	NHS No.:
Forename(s):	Hospital No.:
Previous Name:	Address:
Date of Birth:	
Biological Sex:	Postcode:
Referring Hospital Details	
Hospital Name:	Consultant:
Ward/Department:	Contact No:

Relevant Clinical Information *Please include any diagnosis information and known biological risks*

Tests Required *See section 1 for blood sample requirements (Please tick relevant boxes)*

☐ **Platelet Transfusion Refractoriness**

☐ Initial/Second request ☐ Monitoring (Antibody screen only)
☐ Failure to increment to random donor ABO identical platelets – 2 units, post count taken 10mins-1hr post transfusion

Date of transfusion:		Platelet count ($x10^9/l$):	Pre:		Post:	
Date of transfusion:		Platelet count ($x10^9/l$):	Pre:		Post:	

Non-immune reasons: Fever ☐ Bleeding ☐ Infection ☐
Splenomegaly ☐ DIC ☐ Antimicrobial ☐

☐ **Platelet Function Disorder** Proposed surgical procedure date

☐ **Foetal/Neonatal Alloimmune Thrombocytopaenia** A separate form is required for each individual

☐ **Maternal Samples**
Date of Delivery/EDD ☐ Length of Gestation: ☐ Platelet count ($x10^9/l$): ☐

☐ **Neonatal/Foetal Samples** Mothers Name: ______
Platelet count ($x10^9/l$): ☐ Mothers NHS/Hospital No: ______

☐ **Paternal Samples** Mothers Date of Birth: ______

Tests Requested by:		**Samples collected by:**	
Name *(Please print)*:		Name *(Please print)*	
Signature:		Signature:	Registration No:
Date:		Date:	Time:
For Laboratory Use only	TTID:	Date & Time Received	

WELSH TRANSPLANTATION & IMMUNOGENETICS LABORATORY
PLATELET AND WHITE BLOOD CELL INVESTIGATION REQUEST FORM
SECTION 3: IMMUNOLOGICAL TRANSFUSION REACTION INVESTIGATIONS

PLEASE SEE SECTION 1 FOR INSTRUCTIONS ON REVERSE FOR COMPLETION OF FORM AND TRANSPORTATION OF SAMPLES TO THE LABORATORY

Patient Details	
Surname:	NHS No.:
Forename(s):	Hospital No.:
Previous Name:	Address:
Date of Birth:	
Biological Sex:	Postcode:

Referring Hospital Details	
Hospital Name:	Consultant:
Ward/Department:	Contact No:

Relevant Clinical Information *Please include any diagnosis information and known biological risks*

Tests Required *See section 1 for blood sample requirements (Please tick relevant boxes)*

☐	**Transfusion Related Acute Lung Injury (TRALI)**			
	Date of transfusion(s):		Number of units given within 24 hours up to reaction:	
	Donation No(s):			

☐	**Post Transfusion Purpura (PTP)**						
	Number of units given in the last 12 days:		Platelet count (x10^9/l):	Pre-reaction:		Current:	
	Donation No(s):						

☐	**Other**
Provide details:	

Tests Requested by:	**Samples collected by:**
Name *(Please print):*	Name *(Please print)*
Signature:	Signature: Registration No:
Date:	Date: Time:

For Laboratory Use only	TTID:	Date & Time Received

Download the current version of this form from:
https://wbs-intranet.cymru.nhs.uk/bht/policies-guidance-forms/forms/