



TRANSPLANTATION SERVICES 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: Transplantation Services 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 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	-
NAIT-Baby	1-4ml	-
Platelet Refractoriness (1 st /2 nd 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 as such 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 Transplantation Services 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://portal.welsh-blood.org.uk/wtail/platelet-immunology/>

Further information

For other enquiries, please contact the laboratory for help and advice.

Phone: 01443 622186

Email: WBS.Antibody.Screening@wales.nhs.uk

Additional Histocompatibility and Immunogenetics information can be found at:

<https://portal.welsh-blood.org.uk/wtail>

Download the current version of this form from:

<https://portal.welsh-blood.org.uk/wtail/platelet-immunology/>

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PLATELET AND WHITE BLOOD CELL INVESTIGATION REQUEST FORM

SECTION 3: IMMUNOLOGICAL TRANSFUSION REACTION INVESTIGATIONS

PLEASE SEE SECTION 1 FOR INSTRUCTIONS

Sample Details					
Surname:	Address:				
Forename(s):					
Hospital Number:					
NHS Number:					
Sex:					
Postcode:					
Referring Hospital Details					
Hospital Name:	Consultant:				
Ward/Department:	Contact No:				
Relevant Clinical Information <i>Please include any diagnosis information and known biological risks</i>					
Tests Required <i>See section 1 for blood sample requirements (Please tick relevant boxes)</i>					
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 <i>(Please print)</i> :			Name <i>(Please print)</i>		
Signature:			Signature:		Registration No:
Date:			Date:		Time:
Laboratory Use Only					
Sample identifiers checked (sign below):	Indicate Sample Number:	Pink	Red	Other (specify):	
		Purple	Yellow		
Date and time sample received:					