



West of Scotland Blood Transfusion Service
25 Shelley Road
Glasgow G12 0XB

Tel: 0141- 433- 5873/ 5800
Fax: 0141- 357 - 7788



PLATELET IMMUNOHAEMATOLOGY REQUEST FORM

Please label specimens clearly with core identifiers: Surname, Forename, DOB, Gender and CHI number. Sample tubes must be handwritten (exception: HIT assay requests), dated, timed and signed by the person taking the sample. There must be no discrepancies between the details on the sample tube and request form.

Incomplete request forms or incorrectly labelled samples will not be processed in accordance with SNBTS zero tolerance policy.

Note: Each request accepted by West of Scotland BTC for testing shall be considered an agreement

Surname		Forename		Gender: Male/ Female		Date of Birth		High Risk of Infection: Yes/ No	
CHI number		Hospital		Ward		Consultant		Ethnic background	
Address									
Name of requesting person (print)			Signature & Date		Contact details		Sample date: Time:		Sample type:
Diagnosis, treatment									
Blood Group		Most recent FBC, date		Hb	WBC	Neutrophils		Platelets	
Transfusion History (types of components, dates transfused, platelet count increments with platelet transfusions, transfusion reactions etc) and Transfusion Requirements									

Investigation(s) required – please circle; routine/urgent – prior telephone notification required for urgent requests

Investigation	Sample requirements	Comments
Platelet refractoriness	2 x 7ml Clotted, 5ml EDTA x 3 (x4 EDTA if WCC <4 X 10⁹/L)	(Clotted blood is required for HLA- and HPA-antibody investigations; EDTA blood is required for HLA- and HPA-typing)
Platelet function disorders	2 x 7ml Clotted, 5ml EDTA x 2	
FNAIT (Fetal/Neonatal Allo Immune Thrombocytopenia)	Mother: 7ml Clotted, 5ml EDTA x 2 Father: 5ml EDTA x 2 Neonate – 0.5ml EDTA if possible	Please discuss all new requests for matched platelets with BTS - medical staff Please ensure a separate request form is completed for both Father and baby samples for FNAIT investigations
PTP (Post Transfusion Purpura)	7ml Clotted, 5ml EDTA x 2,	
HIT (Heparin Induced Thrombocytopenia)	7ml Clotted	This request form is not essential - Please ensure SNBTS HIT assay request form is completed
OTHER Please indicate:		Please discuss with H&I-laboratory staff

Report To be Sent To	Copy report to	Report Authorisation
Name _____	Name _____	BMS: _____
Address _____	Address _____	Medical Staff: Copy Report <input type="checkbox"/> Amended Report <input type="checkbox"/>
		BMS: _____
		Medical Staff: _____