NATIONAL CENTER FOR BLOOD GROUP GENOMICS
2002 West 39th Ave, Kansas City, KS 66103
NationalGenomics@cbckc.org
Phone: 1-844-NAT-GENO (1-844-628-4366)
Fax: 816-277-0776

National Center for Blood Group Genomics – Testing Request Form

Sample Type: ☐ Whole Blood ☐ Buccal Swabs ☐ Amniocytes

*Name: Last _____ First: _____ Middle: _____
Identification Number: _____ Birth Date _____ Race: _____
*Date Collected _____ *Date Submitted _____ *Sex _____
*Hospital/Facility _____
*Physician Requesting Test(s) _____
Information on test methods, performance specifications and interpretation are available on request.
*CLIA Required Information, CFR 493.1241

Clinical History: Diagnosis _____
Antibody ID: _____ Antigen Type: _____
Prior transfusions: ☐Yes ☐ No
Date of most recent red cell transfusion _____ Number _____
Pregnancy: Is patient now pregnant? ☐Yes ☐ No Gravida _____ Para _____
Stem Cell Transplant: ☐Yes ☐ No Date: _____

Test Requested:

Red Cell:

☐ BioArray HEA Precise Type Panel
☐ Agena: Hemo ID ™ Panel
☐ Genotype, RHD (weak/partial D)
☐ Genotype, Rh Common: ☐ *D* ☐ *C/c* ☐ *E/e*
☐ RHD Zygosity
☐ Genotype, ABO (subgroup)
☐ Genotype, RHCE (variant)
☐ Genotype, Blood Group Antigen _____

Platelet Antigen Typing:

☐ Genotype, HPA (*HPA1-9,11,and15*) Panel
☐ Genotype, HPA-1a, (PLA1)

Other: ☐ Please Specify _____

Comments: _____

Acceptable anticoagulants for whole blood samples:

- EDTA (lavender / pink top) or
- citrate (yellow top) –ACD type A
- Lithium heparin **discouraged** because heparin may interfere with Polymerase Chain Reaction (PCR).

Date: _____ Personnel authorized to request tests/receive results: _____
FAX: _____ Telephone: _____

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SEND TO:

COMMUNITY BLOOD CENTER
NATIONAL CENTER FOR BLOOD GROUP GENOMICS
4040 MAIN, KANSAS CITY, MO 64111

SAMPLE REQUIREMENTS:

Whole blood samples **should** be < 10 days old and have volume between 7-10 mL and **should** be stored at 2-8°C. See Acceptable anticoagulants on page 1.

LABEL REQUIREMENTS:

Patient Sample	All patient samples must have at least two identifiers. Acceptable identifiers include: • Patient's first and last name, • Patient's date of birth, or • Patient identifying # (MR Number)
Donor Sample	Donor samples can be labeled with the following: • Donor Name or Donor ID number assigned by the customer • Donor Unit number **Note:** A single identifier is acceptable for donor samples.
DNA or Study Sample Label Information	DNA samples are acceptable with prior approval/consultation and may have one identifier, if being tested for non-patient related care, are research related or part of an anonymous clinical trial. The identifier may be one of the following: • Name • Donor Name or Donor ID number assigned by the customer • Donor Unit number

PROCEDURE FOR SENDING SAMPLES:

1. Fill out the National Center for Blood Group Genomics request form and provide the necessary information.
2. Notify the National Genomics Laboratory by telephone before sending samples.
3. Pack the sample in a secured protective manner to avoid breakage. Ensure paperwork is separated from the sample.
4. Ship all samples in plastic bags at room temperature or refrigerated using ice packs or wet ice.