

**NATIONAL CENTER FOR BLOOD GROUP GENOMICS**

9001 Stateline Road Suite 110, Kansas City, MO 64114

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

<p>*Name: Last _____ First: _____ Middle: _____</p> <p>Identification Number: _____ *Birth Date _____ Race: _____</p> <p>*Date Collected _____ *Date Submitted _____ *Sex _____</p> <p>*Hospital/Facility _____</p> <p>*Physician Requesting Test(s) _____</p> <p>Information on test methods, performance specifications and interpretation are available on request.</p> <p><small>*CLIA Required Information, CFR 493.1241</small></p>
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**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  Genotype, RHCE (variant)
- Genotype, RHD (weak/partial D)  Genotype, Rh Common:  D  C/c  E/e
- RHD Zygosity  Genotype, ABO (subgroup)
- 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.

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### LABEL REQUIREMENTS:

<b>Patient Sample</b>	All patient samples must have at least two identifiers. Acceptable identifiers include: <ul style="list-style-type: none"><li>• Patient's first and last name,</li><li>• Patient's date of birth, or</li><li>• Patient identifying # (MR Number)</li></ul>
<b>Donor Sample</b>	Donor samples can be labeled with the following: <ul style="list-style-type: none"><li>• Donor Name or Donor ID number assigned by the customer</li><li>• Donor Unit number</li></ul> <b>Note:</b> A single identifier is acceptable for donor samples.
<b>DNA or Study Sample Label Information</b>	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: <ul style="list-style-type: none"><li>• Name</li><li>• Donor Name or Donor ID number assigned by the customer</li><li>• Donor Unit number</li></ul>

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### 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.