

PLATELET CROSSMATCH ORDER FORM



Versiti Illinois: Phone 630-264-7832 | Fax 630-892-8648
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Versiti Indiana: Phone 317-916-5188 | Fax 317-916-5189
3450 N. Meridian Street Indianapolis, IN 46208

NOTE: Versiti does NOT bill patients or insurance. Test orders must be placed through a medical facility that has an account with Versiti. Client # required.

ORDERING INSTITUTION INFORMATION			
Person Completing Requisition:		Provider:	
Institution:			Client #:
Dept:		Address:	
City:		State:	Zip Code:
Phone (Lab):		Provider Contact (phone/email):	
Special Reporting Requests:			PO #:
PATIENT INFORMATION			
Last Name:		First Name:	MI: DOB:
MR#:	Accession #:		Draw Date: Draw Time:
Biologic Sex/Sex Assigned at Birth: <input type="checkbox"/> Male <input type="checkbox"/> Female		Ethnicity:	
Patient ABO/RH			
PATIENT CLINICAL HISTORY			
Clinical Diagnosis:		Medications:	
Prior Transfusions: <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes		Prior Transplant: <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes	
Prior Pregnancy: <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes		Has patient received IVIG in the past 6 months? <input type="checkbox"/> No <input type="checkbox"/> Yes, Date received:	
SOLID PHASE RED CELL ADHERENCE (SPRCA) CROSSMATCHED PLATELET			
<ul style="list-style-type: none"> All orders must be received in writing. This form must be completed with each sample submission Orders may be modified by phone, email or fax. All specimens must be labeled according to CLIA regulations. Turn-around time depends on platelet availability and refractory status of patient. <p style="text-align: center;">Testing is performed M-F only (0700-1800)</p>			
NUMBER OF UNITS REQUESTED:		DATE(S) TO TRANSFUSE:	
PRODUCT REQUIREMENTS			
Apheresis Platelets are leukoreduced and considered equivalent to CMV seronegative products.			
Irradiation is recommended: VERSITI TO IRRADIATE? <input type="checkbox"/> No <input type="checkbox"/> Yes		Rh-Pos for Rh-Neg Acceptable <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	
COMMENTS:			
SPECIMEN REQUIREMENTS			
CROSSMATCHED Platelet Support - SPRCA Crossmatch Fresh sample drawn every 7 days is required for continuous SPRCA crossmatch support.		5ml Clot Tube (Red) - preferred 5ml EDTA (Pink or Purple top)	