



Platelet Immunology Test Request Form

Tissue Typing & Platelet Reference Laboratory
 Blood Services Group
 11 Outram Road, Singapore 169078
 Phone: 6213 0632 / 0633
 Email: phang_chew_yen@hsa.gov.sg / lai_may_ling@hsa.gov.sg

Name of Requesting Facility & address:

Patient's Information:

Name:

NRIC / MRN :

Date of birth:

Ethnicity :

Gender: M F

Residential status: Singaporean Permanent Resident Foreigner

Diagnosis (please tick):

- Fetal & Neonatal Alloimmune Thrombocytopenia (FNAIT)
 - Pre-natal
 - Post-natal
- Post Transfusion Purpura (PTP)
- Others: _____

Relevant Medical History:

For FNAIT request only:

Name of Father/Baby:

NRIC / MRN:

Date of birth:

Ethnicity:

Name of Physician:

MCR number:

Physician's contact no.

Signature & Date:

Investigation request (please tick):

Sample requirement:

Storage, transport and receipt:

- FNAIT
 - 3280 Platelet Antibody Detection
 - 3220 Human Platelet Antigen (HPA) Genotyping

Mother : 8mL ACD & 5mL Plain
 Father : 16mL ACD, **and/or**
 1-2 mL Neonate / Cord blood if father's blood not available

- Kindly discuss the request with BSG transfusion medicine physician before ordering these test.

- PTP
 - 3280 Platelet Antibody Detection
 - 3220 HPA Genotyping – **Reflex testing** if HPA antibody detected

- 5mL Plain
- Adult: 6mL EDTA
- Child: 1-2mL EDTA

- Collect Mon – Wed only for FNAIT investigation.

- 3280 Platelet Antibody Detection (For platelet refractoriness, to exclude HLA antibody before ordering this test)

5mL Plain

- Collect ACD tubes from BSG.

- 3220 Human Platelet Antigen (HPA) Genotyping

Adult: 6mL EDTA
 Child: 1-2mL EDTA

- Do not spin ACD tubes.

- Store and transport at room temperature within 24 hours of collection.

Name of Phlebotomist:

Signature & Date:

For Laboratory Use:

Sample ID: _____

Date received: _____

Received by: _____