Platelet Immunology Test Request Form

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

Name of Requesting Facility & address:

Patient's Information:

Name:	Blood Group: **Supporting document required**
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 (attach memo if insufficient space):

Name of Physician:	
MCR number:	
Physician's contact no.	
Signature & Date:	

For FNAIT request only:

Name of Father/Baby:

NRIC / MRN:

Date of birth:

Ethnicity:

Blood Group:
Supporting document required

Investigation request (please tick):	Sample requirement:	Storage, transport and receipt:
☐ FNAIT • 3280 Platelet Antibody Detection • 3220 Human Platelet Antigen (HPA) Genotyping • 1110 ABO grouping if required - **Reflex testing** if document not provided	Mother: 8mL ACD or EDTA & 5mLPlain blood Father: 16mL ACD or EDTA, **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 tests. • Collect Mon – Wed only for FNAIT investigation. • Collect ACD tubes from BSG. • Do not spin ACD tubes. • Store and transport at room temperature within 24 hours of collection.
☐ PTP • 3280 Platelet Antibody Detection • 3220 HPA Genotyping – **Reflex testing** if HPA antibody detected	• 5mL Plain • Adult: 6mL EDTA Child: 1-2mL EDTA	
☐ 3280 Platelet Antibody Detection (For platelet refractoriness, to exclude HLA antibody before ordering this test)	5mL Plain	
☐ 3220 Human Platelet Antigen (HPA) Genotyping	Adult: 6mL EDTA Child: 1-2mL EDTA	
Name of Phlebotomist:		**Signature & Date:**

For Laboratory Use:

Sample ID: _____

Date received: _____

Received by: _____