GRIFOLS

Immunohematology / Transfusion Medicine Requisition

Required information highlighted in **RED**.

Grifols Laboratory Solutions Inc.
201 Carlson Circle
San Marcos, Texas 78666 USA
Tel: +1 (833) 504-1609
Fax: +1 (512) 749-1677
infolab@grifols.com

Provider/Client Information

Facility Name: | Account # (SAP):

Address: | Address #2/Facility Unit:

City: | State: | Zip:

Ordering Physician: | Email for Reports:

Phone: | Fax: | Email Report Copy to:

Patient/Sample Source Information

First Name: | **Last Name:** | **DOB (MM/DD/YYYY):**

MRN: | **Unique ID:** | **Collection Date (MM/DD/YYYY):** | **Gender:** ☐ Male ☐ Female ☐ Other

Sample Type: ☐ Buccal Swab ☐ Whole Blood ☐ DNA | Race: ☐ White ☐ Black ☐ Asian/Pacific ☐ Hispanic ☐ North American Native ☐ Other

Ordering Provider

This requisition constitutes an order for molecular testing from Grifols Laboratory Solutions Inc. I certify (a) the services are medically necessary and will assist me in treating my patient, (b) I maintain and will make available patient medical records documenting the foregoing, (c) I have supplied information to the patient regarding this testing and the patient has consented to genetic testing. Regarding patient consent, the ordering physician will be solely responsible for confirming that legally effective informed consent has been obtained from the patient or his/her authorized representative as required by applicable state law. By ordering a test from Grifols Laboratory Solutions Inc, the physician certifies that this consent is in place and that test results will be used and disclosed only in accordance with applicable law. I have signed statements on file from the patient and in accordance with your practice or institution permitting you and your contracted vendors to release data to other organizations to adjudicate claims.

First Name: | **Last Name:** | **Provider 10-Digit NPI #:**

Provider Signature: | **Date (MM/DD/YYYY):**

Clinical Profile

Pregnant: ☐ Yes ☐ No ☐ NA | # of Previous pregnancies: | Date of last RBC transfusion (MM/DD/YYYY): | # of RBC units:

ABO/Rh Blood Type: | Stem Cell Transplant? ☐ Yes ☐ No If Yes, Date (MM/DD/YYYY):

Additional Information: (Please include any relevant clinical information, medications, etc.)

ICD-10 Codes:

Please provide a complete list relevant to the patient's condition.

Billing Information

☐ Client/Institution Billing ☐ Inpatient ☐ <14 Days after discharge | **PO#:**

Test Orders:

Red Cell Genotyping

☐ **BGG Navigator Panel**
Molecular Genotype (and predicted phenotype) for 37 RBC antigens
- Pre-treatment with mAB therapy (CD38/47)
- Prospective antigen matching for multiply transfused patients with hemoglobinopathies (eg, Sickle Cell)
- Serologic testing complications due to recent transfusion or auto-antibodies

☐ **BGG Navigator Resolution Workup**
Molecular Genotype (and predicted phenotype) for 37 RBC antigens
- Begins with the BGG Navigator Panel and reflexes to additional Molecular and Immunohematology tests to resolve a complex patient case

☐ **Molecular Donor Panel (37 antigens)**
- ID CORE XT blood group genotyping multiplex DNA analysis 37 antigens of 10 blood groups: RHCE, Kell, Kidd, Duffy, MNS, Diego, Dombrock, Colton, Cartwright and Lutheran

Blood Group Gene Sequencing

The following tests are performed by Sanger

☐ **RHD variants including weak D types 1,2,3,4**
- RhD discrepancies
- RhD status for RhIG eligibility
- RhD+ with anti-D

☐ **RHD zygosity**
☐ **RHCE variants**

☐ **ABO typing discrepancy**
☐ **ABO subgroup for transplant eligibility**

☐ **CO Sequencing**
☐ **CROM Sequencing**
☐ **DI Sequencing**
☐ **DO Sequencing**
☐ **FUT1 (H) Sequencing**
☐ **FUT2 (SE) Sequencing**
☐ **FY Sequencing**
☐ **GE Sequencing**
☐ **GYPA (MNS) Sequencing**
☐ **GYPB (MNS) Sequencing**
☐ **IN Sequencing**
☐ **JR Sequencing**
☐ **KELL Sequencing**
☐ **KIDD Sequencing**
☐ **KLF1 Sequencing**
☐ **LU Sequencing**
☐ **LW Sequencing**
☐ **SC Sequencing**
☐ **XK Sequencing**
☐ **YT Sequencing**

Serology Testing

☐ **ABO Typing**
☐ **Rh(D) Typing**
☐ **Weak D Typing**
☐ **DAT** (PolyAHG & Monospecific)
☐ **Antibody Identification Problem**
☐ **Antibody Titer: Anti-** _____
☐ **Warm Autoimmune Hemolytic Anemia Workup**
☐ **Cold Agglutinin Screen & Titer** (as necessary)
☐ **RBC Phenotyping(s) Ag:** _____
☐ **Daratumumab Serologic Workup**

Human Platelet Antigen Genotyping

☐ **HPA-1a/b**
- FNAIT

☐ **HPA-1, 2,3,4,5,6,9,15**
- Alloimmune thrombocytopenia

☐ **HPA Panel (1-11,15)**
- Platelet refractoriness

Other Testing Requests

☐ _____

CLIA License: #45D2099571 / **CAP Certificate:** #9406144 / **AABB Accreditation:** #1751090

GRIFOLS

Ordering, Sample Handling, and Shipping Instructions

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infolab@grifols.com

1. Registration and Ordering Kits

If this is your first time sending us a sample, please contact us to register an account and to request a Sample Collection kit.

- To contact us: **email** infolab@grifols.com, **call** +1 (833) 504-1609, **or visit** diagnostic.grifols.com, click the link for "Testing Services" and follow the instructions.
- We will email you your credentials and log-in for our Path-tec portal: spectrapath.grifols.com.
- Expect your kit to arrive in one to five business days. Store kit at room temperature.

2. Sample Collection and Storage

Collect the patient sample and complete the requisition form from the kit. Keep a copy for your records.
Be sure to follow collection instructions for each test, since kits and instructions vary.

- **MANDATORY:** Each specimen tube **MUST** be labeled with two unique patient identifiers.
- Please see sample-handling requirements, detailed below. If you plan to submit isolated nucleic acid/extracted DNA samples, we can only accept those prepared in a CLIA-certified laboratory or equivalent. Please provide the lab's CLIA number.
- If you are not using kits provided by Grifols Laboratory Solutions Inc., please download requisition forms at diagnostic.grifols.com; click on the link for "Testing Services," and follow the instructions. Keep a copy for your records.
- **For other sample types not listed below, or if you need help, please contact us at:** infolab@grifols.com, call: +1 (833) 504-1609

Sample Collection

SPECIMEN	VOLUME/AMOUNT	CONTAINER	ADDITIONAL INFORMATION
Molecular Testing			
BGG Navigator: Whole Blood	~2mL	1 EDTA/Lavender	Samples must be received at GLS within 7 days after collection
BGG Navigator: Genomic DNA	3 µg at ≥ 20 ng/µL, A_{260}/A_{280}: 1.65-1.95, A_{260}/A_{230} ≥ 1.5	1.5 mL micro-centrifuge tube, Eppendorf preferred	Samples must be received at GLS within 14 days after collection; DNA must be dissolved in water or a low-salt buffer
BGG Navigator: Buccal Swab	Follow collection instructions on the package label	oracollectDx® OCD-100	Samples must be received at GLS within 14 days after collection
BGG Navigator Resolution Workup	~10 mL 20 mL	2 EDTA/Lavender 3 Plain red top	BGG Navigator plus gene sequencing plus phenotyping and antibody ID as required
Molecular Donor Panel (37 antigens)			Call for special collection instructions
Blood Group Gene Sequencing (any)	~2 mL	1 EDTA/Lavender	
Serology Testing (Do **NOT** use tubes containing gel separators)			
ABO/RhD (including weak D) and DAT	~5 mL	1 EDTA/Lavender	
RBC Antigen Phenotyping	~5 mL	1 EDTA/Lavender	
Antibody Identification Problem	~5 mL 20 mL	1 EDTA/Lavender 3 Plain red top	4 – 6 mL blood bank EDTA tubes 3 x 7 mL or 2 x 10 mL plain red top tubes
Antibody Titer	~5 mL 20 mL	1 EDTA/Lavender 3 Plain red top	4 – 6 mL blood bank EDTA tubes 3 x 7 mL or 2 x 10 mL plain red top tubes
Daratumumab Serologic Workup	~10 mL 20 mL	2 EDTA/Lavender 3 Plain red top	4 – 6 mL blood bank EDTA tubes 3 x 7 mL or 2 x 10 mL plain red top tubes
Warm Autoimmune Hemolytic Anemia Workup: If **not** transfused within past 3 months	~20 mL 10 mL	4-5 EDTA/Lavender 1 Plain red top	4 – 6 mL blood bank EDTA tubes 1 x 7 – 10 mL plain red top tube
Warm Autoimmune Hemolytic Anemia Workup: If transfused within the past 3 months	~5 mL 20 mL	1 EDTA/Lavender 3 Plain red top	4 – 6 mL blood bank EDTA tubes accepted 3 x 7 mL or 2 x 10 mL plain red top tubes
Cold Agglutinin Screen and Titer			Call for special collection instructions

3. Sample Preparation for Shipping

Follow the sample preparation directions provided for shipping to Grifols Laboratory Solutions Inc.

- Insert the labeled tube(s) into the absorbent holder. Place up to five tubes into the biohazard bag and securely seal.
- Insert the Requisition Form(s) into the outside pouch of biohazard bag.
- Place the biohazard bag inside the insultote provided and then the insultote inside the box.
- Secure your box and place the box in the return envelope provided with your kit (clinical pack).
- Seal the envelope and schedule the recommended courier pick-up so the sample arrives at Grifols Laboratory Solutions Inc. on a business day.
- Contact us if special handling is needed.

Sample Storage and Transportation (For Serology testing, contact the lab by phone or email that a blood sample is in transit.)

SPECIMEN	CONDITIONS
Whole Blood	Samples should be shipped priority overnight; refrigerated (2 to 8°C) or at room temperature (15 to 24°C).
Genomic DNA	Samples should be shipped priority overnight; frozen, refrigerated (2 to 8°C), or at room temperature (15 to 24°C).
Buccal Swab	Samples can be shipped at room temperature (15 to 24°C).

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