

Customer Information		
Institution/Customer ⁽¹⁾ :		
Requesting Physician ⁽¹⁾ :		
NPI #:		
Contact/Petitioner:		
Street Address:		
City:	State:	Zip:
Phone:	Fax:	
Email:		
Copy Report to FAX or Email:		
Account # (Grifols SAP):	PO/Ref. #:	
Patient / Donor Information		
Patient Full Name/Sample ID #1 ⁽¹⁾ :		
MRN/Sample ID #2 ⁽¹⁾ :		
DOB ⁽¹⁾ :	Collection Date ⁽¹⁾ :	
Gender ⁽¹⁾ :	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Sample Source <input type="checkbox"/> Patient ⁽²⁾ <input type="checkbox"/> Prenatal <input type="checkbox"/> Donor <input type="checkbox"/> Other _____		
Sample Type ⁽³⁾ <input type="checkbox"/> Blood <input type="checkbox"/> DNA <input type="checkbox"/> Buccal Swab <input type="checkbox"/> Other _____		
Race/Ethnicity <input type="checkbox"/> Caucasian <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other _____		
ICD-10 Diagnosis:		
Billing Information		
<input type="checkbox"/> Client Billing	<input type="checkbox"/> Insurance Billing (please attach copies of insurance cards)	
Relation: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other		
Insurance Carrier:		
Insured's Name (if not patient):		
Insured's DOB:		
Insured's Street Address:		
City:	State:	Zip:
Phone:		
Claims/Billing Address:		
City:	State:	Zip:
Policy #:	Group #:	
Authorization:		

Notes:
 (1) Required information colored in red.
 (2) If WBC counts are low or expected low, contact laboratory-for buccal swab testing.
 (3) Non-DNA samples will be charged a DNA extraction fee.
 (4) ID COREXT is an FDA-approved IVD. (See Directory of Services for LDT declaration).
 (5) Sequencing performed by NGS or Sanger.
 (6) Genes to analyze determined from discrepancy type or resolution status.
 (7) Antibody identification will be confirmed in-house before testing is performed.
 (8) Specimen should be kept at 37°C until serum/plasma separates from RBCs.
 (9) Specify antigen(s) and include genotype/phenotype under Additional Information.
 (10) Contact laboratory for STAT times.
 (11) e.g. No Call, Not Valid. Specify antigen(s) under Additional Information.
 (12) This information may help interpret the results, and is highly recommended.

Sample Processing						
<input type="checkbox"/> STAT Processing ⁽¹⁰⁾						
Blood Typing Solutions Requested						
Blood Group Genotyping (Covered by Medicare and Medicare Advantage)						
<input type="checkbox"/> BGG NAVIGATOR PANEL (37 Antigens) ⁽⁴⁾						
<input type="checkbox"/> BGG NAVIGATOR & RESOLUTION WORK-UP						
Navigator Variant Evaluations DNA Sequencing						
<input type="checkbox"/> ABO ABO ⁽⁵⁾	<input type="checkbox"/> H (FUT1, FUT2)					
<input type="checkbox"/> Cartwright YT	<input type="checkbox"/> Indian IN					
<input type="checkbox"/> Colton CO	<input type="checkbox"/> JR JR					
<input type="checkbox"/> Cromer CROM	<input type="checkbox"/> Kell (KEL, XK) ⁽⁶⁾					
<input type="checkbox"/> Diego DI	<input type="checkbox"/> Kidd JK					
<input type="checkbox"/> Dombrock DO	<input type="checkbox"/> Landsteiner-Wiener LW					
<input type="checkbox"/> Duffy FY	<input type="checkbox"/> Lutheran (LU, KLF1) ⁽⁶⁾					
<input type="checkbox"/> Gerbich GE	<input type="checkbox"/> MNS (GYPA & GYPB) ⁽⁵⁾					
<input type="checkbox"/> Rh (RHD & RHCE) ⁽⁵⁾	<input type="checkbox"/> RHD Zygosity					
<input type="checkbox"/> RhAG RHAG	<input type="checkbox"/> Scianna SC					
<input type="checkbox"/> weak D types 1,2,3	<input type="checkbox"/> Other _____					
Human Platelet Antigen (HPA) DNA Sequencing						
<input type="checkbox"/> HPA Seq (1,2,3,4,5,6,7,8,9,10,11,15)						
<input type="checkbox"/> HPA-1	<input type="checkbox"/> HPA-2					
<input type="checkbox"/> HPA-3	<input type="checkbox"/> HPA-4					
<input type="checkbox"/> HPA-5	<input type="checkbox"/> HPA-6					
<input type="checkbox"/> HPA-7	<input type="checkbox"/> HPA-8					
<input type="checkbox"/> HPA-9	<input type="checkbox"/> HPA-10					
<input type="checkbox"/> HPA-11	<input type="checkbox"/> HPA-15					
Serology Testing: (Direct Client Bill Only)						
<input type="checkbox"/> ABO/Rh Type	<input type="checkbox"/> Antibody Titer ⁽⁷⁾					
<input type="checkbox"/> Antibody Identification	Antibody Specificity _____					
<input type="checkbox"/> Antibody Screen	<input type="checkbox"/> Monocyte Monolayer ⁽⁷⁾					
<input type="checkbox"/> Daratumumab Neutralization	Antibody Specificity _____					
<input type="checkbox"/> Donath-Landsteiner ⁽⁸⁾	<input type="checkbox"/> Cold Agglutinin Screen ⁽⁸⁾					
<input type="checkbox"/> Positive DAT Work-up	<input type="checkbox"/> Thermal Amplitude					
<input type="checkbox"/> RBC Phenotype ⁽⁹⁾	<input type="checkbox"/> Titer					
<input type="checkbox"/> DAT Negative Hemolytic Anemia Evaluation						
Clinical Information						
Reason(s) for Testing:						
<input type="checkbox"/> Genotype Uncertainty ⁽¹¹⁾	<input type="checkbox"/> Positive DAT					
<input type="checkbox"/> Phenotype Discrepancy ⁽⁹⁾	<input type="checkbox"/> Sickle Cell/Thalassemia					
<input type="checkbox"/> Multiple/Recent Transfusions	<input type="checkbox"/> Other _____					
<input type="checkbox"/> Phenotype-Genotype Discrepancy ⁽⁹⁾						
Complete below section only if you are requesting a serologic test.						
Medications/Biologicals ⁽¹²⁾ :						
Currently Pregnant ⁽¹²⁾ : <input type="checkbox"/> No <input type="checkbox"/> Yes # of Previous Pregnancies:						
Rhlg ⁽¹²⁾ : <input type="checkbox"/> No <input type="checkbox"/> Yes Date:						
Date of Last RBC Transfusion:						
# of RBC Units ⁽¹²⁾ :						
Stem Cell Transplant:						
ABO/Rh Type:						
Previous Antibody(ies) Identified:						
	IS/RT	37°C	AHG	Gel	Solid Phase	Hgb/Hct ⁽¹²⁾ :
I						Retic Count ⁽¹²⁾ :
II						Enhancement Used:
III						DAT - Poly:
Auto						IgG: C3d:
Additional Information						

Ordering Instructions

1. REGISTER WITH GRIFOLS

If you are sending a sample for the first time, contact the laboratory to register an account via:

- Call 888-244-7667, select option 4, then option 1.
- www.diagnostic.grifols.com/testing-services

Grifols will create a www.spectrapath.net account for you and e-mail you a login.

2. PREPARE YOUR SAMPLE COLLECTION KIT

You can use your own sample collection kit or request one from Grifols:

- Log in your account at www.spectrapath.net
- Place an order with Path-Tec.

Tubes and shipping material not provided by Grifols are acceptable.

Download Requisition Forms at www.diagnostic.grifols.com/testing-services click the link for "Testing Services" and follow the instructions.

To obtain a requisition form from Grifols:

- Log in your account at www.spectrapath.net
- Place an order with Path-Tec.

3. COLLECT YOUR SAMPLE AND PREPARE FOR SHIPPING

Molecular Tests:

- For whole blood samples, collect a minimum of 2 mL in an EDTA tube.
- Label the tube with a unique ID and the date of collection.
- Samples may be stored at 4°C for up to 14 days after collection.
- For genomic DNA samples, the minimum concentration is 20 ng/ μ L, the minimum amount 3 μ g and the A_{260}/A_{280} ratio 1.65 - 1.95.
- For other sample types, contact the laboratory.

Serology Tests:

- Collect a minimum of 10 mL of whole blood in an EDTA tube and 15 mL of clotted blood.
- Label the tube with a unique ID and the date of collection.
- For patient samples add the date of birth and the phlebotomist's initials.
- Samples may be stored at 4°C for up to 7 days after collection.
- For other sample types such as saliva or amniotic cell culture, and for special requirements on Cold Agglutinin Work-up or Donath-Landsteiner (D-L) test contact the laboratory.

Patient samples must be labeled with two unique identifier(s) and the date of collection.

Molecular Tests:

- Store whole blood samples refrigerated (2-8°C). Do Not Freeze. Samples must be received at the Grifols Immunoematology Center and Clinical Laboratory within 14 days after collection.
- Store genomic DNA frozen, refrigerated (2-8°C) or at room temperature (20-25°C) for up to 7 days.

Serology Tests:

- Store samples refrigerated (2-8°C). Do Not Freeze.
- Samples must be received at the **Grifols Immunoematology Center and Clinical Laboratory** within 7 days after collection.

4. SHIP YOUR SAMPLES TO THE GRIFOLS IMMUNOHEMATOLOGY CENTER AND CLINICAL LABORATORY

- Ship samples overnight following defined storage and packing requirements.
- Ship samples Monday-Thursday for arrival on Tuesday-Friday.
- For international shipping contact the laboratory.
- Ship samples to:
Grifols Immunoematology Center and Clinical Laboratory
201 Carlson Circle, San Marcos, TX 78666 USA

5. UNSATISFACTORY ORDERS

- Broken or leaking collection tube.
- Incorrect collection tube or sample type.
- Insufficient blood volume.
- Insufficient concentration, amount or quality of DNA.
- Missing or incomplete requisition form.
- Incomplete sample information.
- Discordant information on tube and requisition form.

If a test order is unsatisfactory, Grifols will contact the customer.