

**CPAL**

Central Pennsylvania Alliance Laboratory

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 CLIA: 39D0929019 CAP: 6853701 PA DOH: 020506

Blood Genotyping Requisition

Member Information:

Ordering Institution:

Lancaster General Hospital
 UPMC Pinnacle Carlisle
 UPMC Pinnacle Hanover
 UPMC Pinnacle Lititz
 UPMC Pinnacle West Shore
 WellSpan Ephrata Hospital
 WellSpan Good Samaritan Hospital
 Waynesboro Hospital

UPMC Pinnacle Harrisburg
 UPMC Pinnacle Community Osteopathic
 UPMC Pinnacle Lancaster
 UPMC Pinnacle Memorial
 WellSpan York Hospital
 WellSpan Gettysburg Hospital
 Chambersburg Hospital
 Tower Health -Reading

Fax # (for non-interfaced reports): _____

Sample Information

Donor Patient

Name: _____

Date of Birth: _____ Sex Male Female

Med Rec # / Donor #: _____

Collection Date/Time: _____

Ordering Physician: _____

Test(s) Requested:

- HEA panel: includes **Rh** (C/c, E/e, V, VS), **Kell** (K/k, Kpa, Kpb, Jsa, Jsb), **Duffy** (Fya, Fyb, GATA, Fyx), **Kidd** (Jka, Jkb). **MNS** (M, N, S, s, Uvar, Uneg), **Lutheran** (Lua, Lub), **Dombrock** (Doa, Dob, Hy, Joa), **Landsteiner-Wiener** (LWa, LWb), **Diego** (Dia, Dib), **Colton** (Coa, Cob), and **Scianna** (Sc1, Sc2)
- RhD
- RhCE

- Please fill out test requisition form completely.
- Sample requirements:
 - All samples must be clearly labeled with name and donor/medical record number. Tube information must match information supplied on requisition.
 - Whole blood samples must be drawn into tubes using EDTA as the anticoagulant and sent at refrigerated temperature (2-8°C).
 - Please send as fresh of a sample as possible to ensure good DNA yield.
- A copy of the report will be available once the testing is complete. Reports may be accessed online (if account is established), otherwise reports will be faxed to the number above.

FOR CPAL USE ONLY

Date Received: _____

Date Resulted: _____