

REFERRAL SERVICE REQUEST AGREEMENT

Name of Referring Laboratory	
Address of Referring Laboratory	
Contact Person	Name:
	Designation:
	Tel. No. & E-mail:
Starting Date	
Reasons for sending out tests	

List of Test Offered at PDN

No.	Field	Name of test	Tick <input type="checkbox"/>	Workload estimation/year
1	Immuno-hematology	Blood Group Test		
2		Antihuman Globulin (AHG) Test		
3		Cross matching		
4		Transfusion Reaction		
5		Platelet antibody		
6		Platelet Cross matching (PXM)		
7		Genotyping		
8	Clinical Transfusion	Blood Group & RhD Test		
9		Group, Screen & Hold (GSH)		
10		Group & Crossmatching (GXM)		
11		Blood component request		
12		Antibody Identification		
13		Direct Coombs test		
14		Adverse Transfusion Reaction		
15		Crossmatching Safe O (uncrossmatch packed cell O)		
16	Transfusion Microbiology	Molecular Screening		
17		Molecular Screening-Discriminatory		
18		Serology Screening		
19		Human immunodeficiency virus Antigen/Antibody (HIV Ag/Ab)		
20		Human immunodeficiency virus (HIV) Confirmatory test		
21		Hepatitis B surface Antigen (HBsAg)		
22		Anti-Hepatitis B surface Antigen (Anti HBs)		
23		Hepatitis B Confirmatory test (Neutralization)		
24		Anti-Hepatitis B Core		
25		Anti-Hepatitis C Virus		
26		Hepatitis C Virus Confirmatory test		
27		Rapid Plasma Reagin (RPR)		
28	Treponema Pallidum Particle Agglutination (TPPA)			
29	Histocompatibility and Immunogenetic	HLA Typing		
30		HLA Crossmatch (CDC) - Living Related Donor		
31		HLA Crossmatch (FLOW) - Living Related Donor		
32		HLA Crossmatch (CDC) - Deceased Donor		
33		HLA Crossmatch (FLOW) - Deceased Donor		
34		HLA Antibody - Solid Organ Transplant		
35		HLA Antibody - TRALI Cases		
36		HLA Match Platelets Request		

*For details information of sample requirements and test request form (if required), please refer to PDN Test List available at PDN website