

Kleihauer Request Form

457/KLE



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|--|----------------|----------------------------|----------------|---|----------------|
| | | CASE # : | | | |
| Patient Label: | | Ordering Physician: | | All requests for this test must be accompanied with this form. Any delays in returning this form or any incomplete information will delay completion of the test results. Please notify the Central lab when a specimen is being sent; call 612-863-1910 and indicate the urgency for test results. | |
| EPIC or MRN # | | Phone # for results: | | | |
| NURSING OR ORDERING PHYSICIAN COMPLETE INFORMATION BELOW | | | | | |
| Source of Specimen: | | Indication: | | For Blood Bank use Only | |
| Maternal Blood | | Prenatal Acute Trauma | | Rh negative Mother/Pos Rosette (Reflex testing to Hem for Fetal Stain-Kleihauer) | |
| Intrauterine (PUBS) | | Newborn Infant with anemia | | Notify Blood Bank and Pathologist on call ONLY. | |
| Other | | Stillborn infant | | | |
| Date collected: | | Other | | | |
| ADDITIONAL INFORMATION | | | | | |
| Blood Type | | ABO | | Rh | |
| Mother (if known) | | | | <input type="checkbox"/> Neg <input type="checkbox"/> Pos List antibodies if present | |
| Infant | | | | | |
| Weeks of Gestation | | | | | |
| Date and time of delivery | | | | | |
| Maternal Weight | | | | | |
| Date received | | | | | |
| FOR ALLINA HEALTH LAB USE ONLY : CALL ALL RESULTS | | | | | |
| Called to: | | | Date/Time: | | |
| Location: | | | Phone #: | | Tech: |
| ANW | Unity BB | Mercy BB | United | Buffalo | St Francis |
| (612) 863-1910 | (763) 236-4805 | (763) 236-8153 | (651) 241-8753 | (763) 684-7855 | (952) 428-2722 |
| RESULTS | | | | | |
| Fetal/ Adult RBC Ratio | | | | | |
| Tech | | | | | |
| Note: If Ratio is >0.004 on an Rh negative mother send the sample to blood bank for Rosette testing. | | | | | |
| Pathologist Use Only: | | | | | |
| Estimated Fetal whole blood volume in maternal circulation: | | | | | |
| Call Blood Bank if > 1 dose of Rh Immune Globulin indicated? Y / N Talked to: | | | | | |
| Other Comments: | | | | | |
| Reading Pathologist: | | | | Date: | |