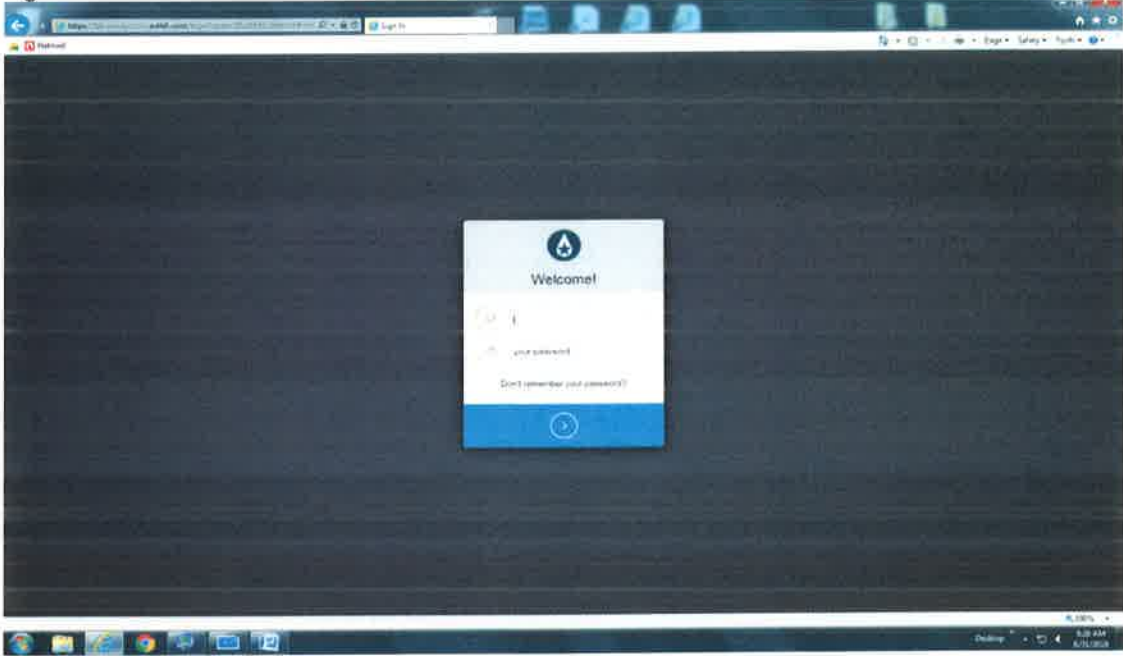
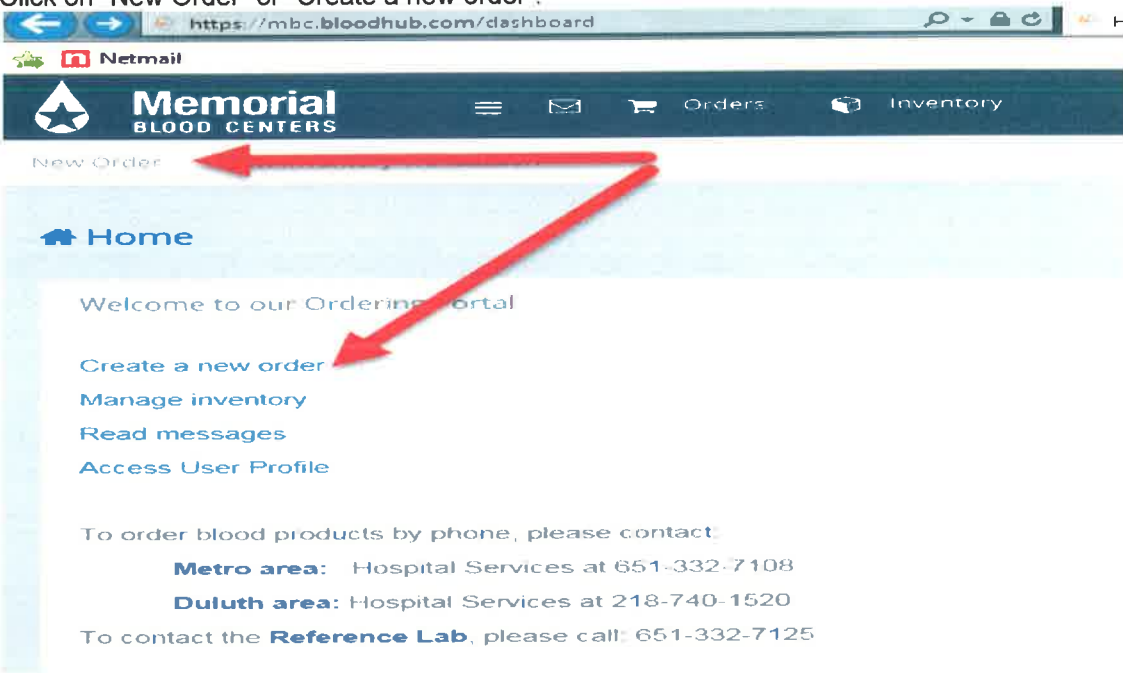


# BloodHub- Reference Lab Ordering and Reports

**Purpose** This procedure provides instructions for entering reference lab orders and extract reference lab patient reports through BloodHub.

**Procedure**

Entering Reference Lab Orders

Step	Action
1	Sign into BloodHub 
2	Click on "New Order" or "Create a new order". 

<p>3</p>	<p>Select delivery type and order type.</p>																																
<p>4</p>	<p>Select type of service required.</p> <p>Children's Hospital _ MPLS</p> <p>Nothing selected</p> <p><b>SERVICES</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>REFL</b> Request for Reference Lab Testing</li> <li><input type="checkbox"/> <b>ADXM</b> Request for Add-on Crossmatch (RBC or Platelet)</li> <li><input type="checkbox"/> <b>HLAP</b> Request HLA Matched Platelet</li> <li><input type="checkbox"/> <b>PLCP</b> Request for Platelet Compatibility</li> <li><input type="checkbox"/> <b>EBOX</b> Empty Box Pick-Up</li> </ul>																																
<p>5</p>	<p>Select test required</p> <p><b>1 Test Request</b></p> <table border="0"> <thead> <tr> <th>What test would you like to order?</th> <th>Phenotype request</th> </tr> </thead> <tbody> <tr> <td>ABO/Rh Typing</td> <td>Rh System</td> </tr> <tr> <td>ABO/Rh Typing and antibody screening</td> <td>K</td> </tr> <tr> <td>Antibody Identification</td> <td>little k</td> </tr> <tr> <td>Antibody Titration</td> <td>JKb</td> </tr> <tr> <td>Hemolytic Disease of Newborn Investigation</td> <td>Jka</td> </tr> <tr> <td>Kleihauer-Betke</td> <td>FYa</td> </tr> <tr> <td>Direct Antiglobulin Test</td> <td>Fyb</td> </tr> <tr> <td>Elution Study</td> <td>M</td> </tr> <tr> <td>Transfusion Reaction Investigation</td> <td>N</td> </tr> <tr> <td>Common Red Cell Genotype (please submit WBC and DAT results, if available)</td> <td>S</td> </tr> <tr> <td>RHD Genotype (sendout)</td> <td>little s</td> </tr> <tr> <td>HLA antigen and antibody (sendout)</td> <td>Lea</td> </tr> <tr> <td>Monocyte Monolater Assay MMA (sendout)</td> <td>Leb</td> </tr> <tr> <td>Other (write in comments)</td> <td>As</td> </tr> <tr> <td></td> <td>P1</td> </tr> </tbody> </table>	What test would you like to order?	Phenotype request	ABO/Rh Typing	Rh System	ABO/Rh Typing and antibody screening	K	Antibody Identification	little k	Antibody Titration	JKb	Hemolytic Disease of Newborn Investigation	Jka	Kleihauer-Betke	FYa	Direct Antiglobulin Test	Fyb	Elution Study	M	Transfusion Reaction Investigation	N	Common Red Cell Genotype (please submit WBC and DAT results, if available)	S	RHD Genotype (sendout)	little s	HLA antigen and antibody (sendout)	Lea	Monocyte Monolater Assay MMA (sendout)	Leb	Other (write in comments)	As		P1
What test would you like to order?	Phenotype request																																
ABO/Rh Typing	Rh System																																
ABO/Rh Typing and antibody screening	K																																
Antibody Identification	little k																																
Antibody Titration	JKb																																
Hemolytic Disease of Newborn Investigation	Jka																																
Kleihauer-Betke	FYa																																
Direct Antiglobulin Test	Fyb																																
Elution Study	M																																
Transfusion Reaction Investigation	N																																
Common Red Cell Genotype (please submit WBC and DAT results, if available)	S																																
RHD Genotype (sendout)	little s																																
HLA antigen and antibody (sendout)	Lea																																
Monocyte Monolater Assay MMA (sendout)	Leb																																
Other (write in comments)	As																																
	P1																																




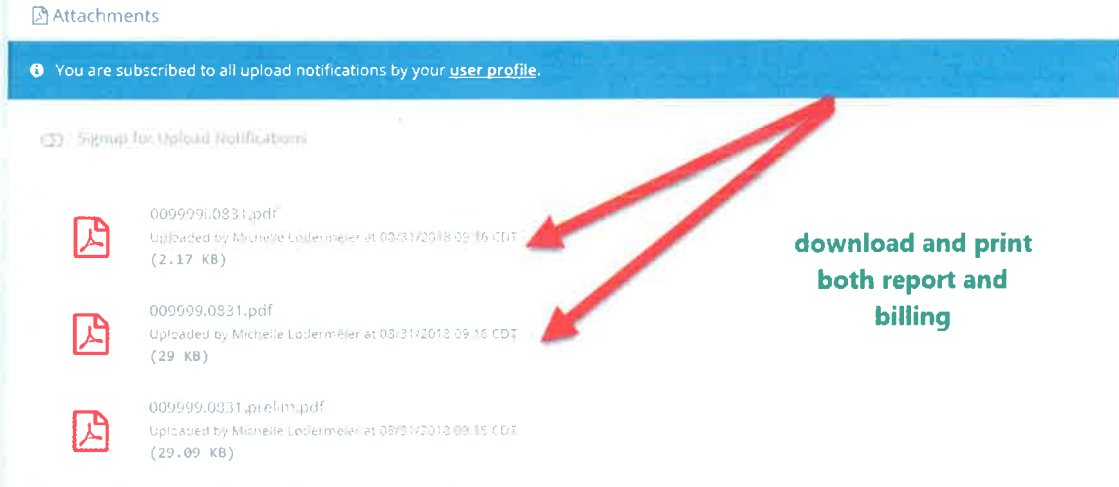
<p>6</p>	<p><b>Fill in Patient Information. (any field with an asterisk needs to populated)</b></p> <p><b>2 Patient Information</b></p> <p>Patient Last Name: Patient          Patient First Name: Paul          Patient Middle Initial: *          Sex: <input checked="" type="radio"/> Male <input type="radio"/> Female          Location: <input checked="" type="radio"/> Inpatient <input type="radio"/> Outpatient          Date of Birth: 05/24/2004          Identifying Number: 42346          Date Sample Collected: 05/14/2018          Time Sample Collected: 5:30          Ordering Physician: Coyle, Jill          Patient ABO/Rh: A Rh+          Hemoglobin/Hematocrit: *          White Blood Cell Count (please complete for common red cell genotype orders): *          Previously Identified Antibodies: C, E, *HSA          Test method(s) at which antibody reaction is present?: *          Intra-late Sera: USS 37, USS 147</p>
<p>7</p>	<p><b>Fill in Clinical History. (any field with an asterisk needs to populated)</b></p> <p><b>3 Clinical History</b></p> <p>Clinical History: ALL          Medications: *          Has patient ever been transfused? <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown          Date of most recent red cell transfusion: 05/14/2018          Number of red blood cells transfused in past 3 months: *          Has the patient received a transplant? <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown          Is this an oncology or multiple myeloma patient? <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown          Has the patient been treated with monoclonal antibody therapy (anti-CD20, anti-CD47, CTLA, anti-CD20, Daratumumab)? <input checked="" type="radio"/> Yes <input type="radio"/> No          If yes to monoclonal antibody treatment, list name and date last dose received: *          Is patient currently pregnant? <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown          If yes, estimated date of delivery: *          Number of previous pregnancies: *          Has patient received Rh Immune Globulin in past six months? <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown          If yes, date of last RHIG dose: *</p>
<p>8</p>	<p><b>Fill in Unit Request. (any field with an asterisk needs to populated)</b></p> <p><b>4 Unit Request</b></p> <p>Would you like units after the workup is complete? <input checked="" type="radio"/> Yes <input type="radio"/> No          Blood bank unique identifier: *          Do the units need to be crossmatched? <input checked="" type="radio"/> Yes <input type="radio"/> No          Please provide if required as crossmatch tag: *          Do the units need to be irradiated? <input checked="" type="radio"/> Yes <input type="radio"/> No          How many units would you like?: *          What date and time are the units needed for transfusion?: *</p>

9 Click Blue Arrow.

10 Review Order

<p>11</p>	<p><b>Click Blue Arrow</b></p>
<p>12</p>	<p><b>Click Submit</b></p>
<p>13</p>	<p><b>Write Order # number on blue requisition and print two copies of the reference lab order. One copy to send with sample and attached the other copy to blue requisition sheet.</b></p>

Printing off  
 Reference lab  
 patient reports

Step	Action
1	GroupWise notification that a reference lab report is available. <b>(Note: preliminary reports will still called)</b> 
2	Open email and click on <b>"BloodHub Order XXXXX"</b> 
3	Sign-in to BloodHub 
4	Scroll down to the bottom of the page to <b>"Attachments"</b> and download and print both patient's report and billing. 

Approval  
 Workflow

Transfusion Service/Transfusion Medical director

Historical  
 Record

Version	Written/Revised by:	Effective Date:	Summary of Revisions
1	S. Cassidy	09/12/18	Initial Version