



MAKMAL RUJUKAN IMMUNOHEMATOLOGI KEBANGSAAN (MRIK)

PUSAT DARAH NEGARA **CUSTOMER REFERRAL GUIDE**

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GENERAL GUIDELINE (MRIK)

MRIK Operating Time, Location

- Location : Pusat Darah Negara (main building) - ground floor and 1st floor
- Monday to Friday, 8.00am – 5.00pm
- On-duty at night, weekend, public holiday : only for urgent Red Cell Crossmatch cases

Service Scope

- National Referral Laboratory (Immunohematology) for KKM hospitals and non-KKM hospital (subjected to MoU signed between the hospital and PDN).
- For non-KKM hospitals, all referral cases must be requested through the hospital's blood bank, as PDN will issue invoices and patient reports only through the blood bank.

Telephone Directory for MRIK section

- | | |
|-------------------------|---|
| • PDN general number | 03 – 2613 2688 |
| • MO on-duty room | Ext 2642 |
| • MO on-duty HP number | 019-216 6084 |
| • Specialist on-duty | 03 – 2613 2688 (through operator) |
| • Red Cell Laboratory | ext 2672 / 5640, direct line : 03 – 2613 2672 |
| • Platelet Laboratory | ext 2766, direct line : 03 – 2613 2766 |
| • Genotyping Laboratory | ext 5536 / 2672 / 5640 / 2766 |

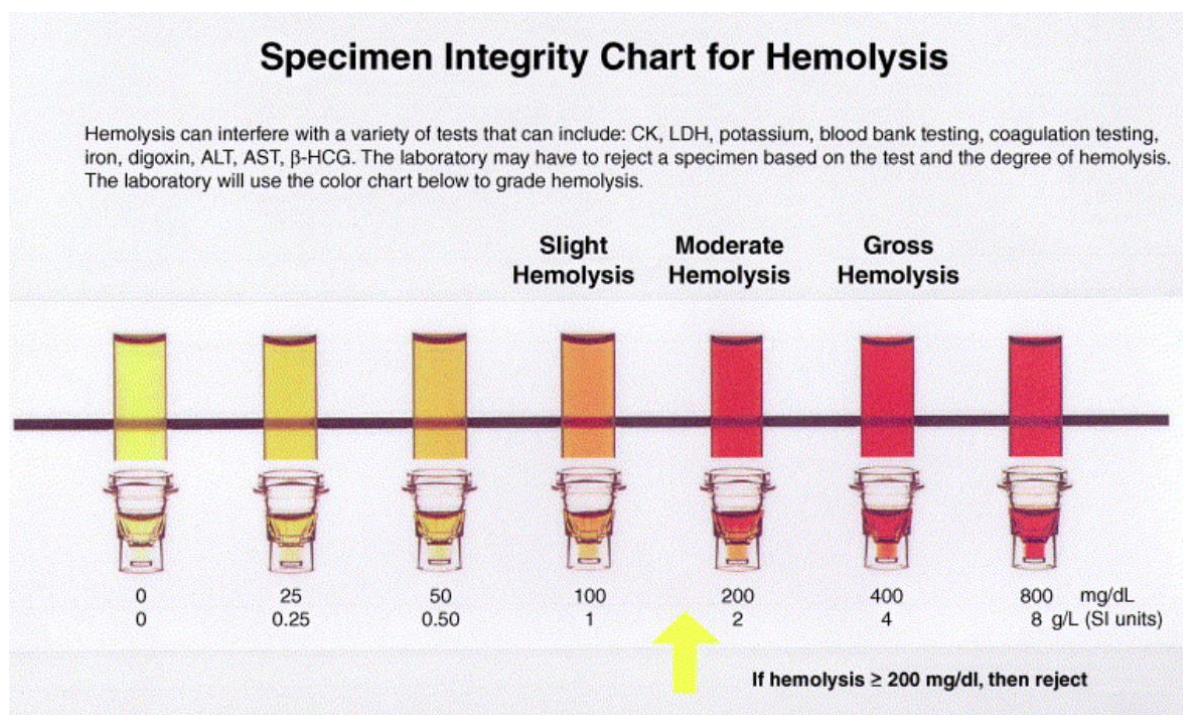
Test Request Form

- Request form can be downloaded from PDN's website : www.pdn.gov.my
- Or from the link : bit.ly/MRIKrequestPDN
- As a referral laboratory, MRIK does not deal directly with patient. As such, patient's consent and phlebotomist information will be under the responsibility of the requesting doctor.

Sample Transportation Requirement

- For samples from Klang Valley, please send within 3 hours.
- For sample sent from outside of Klang Valley, ensure they reach MRIK within 48 hours after collection. Please plan the collection and transportation so that sample will reach PDN within this time frame (from the requesting hospital to PDN).

- In general, testing at MRIK is not temperature sensitive (unless stated otherwise for special test). Klang Valley sample can be sent at ambient temperature, however, for long distance transport, we highly encourage that sample be transported below 20°C.
- Please plan the delivery to ensure sample remain within the acceptable temperature range. MRIK may not scan temperature upon sample arrival due to the wide acceptable temperature range. Therefore, rejection may be made for moderate and gross hemolysis as indicated in the chart below - based on visual inspection only.



Test Report, Email

- For KKM hospital, please retrieve the report from your hospital blood bank.
- For non-KKM hospital, report will be released after payment has been settled (with proof of payment). Please inform MRIK whether the report will be self-collected or to be sent via email.
- All KKM hospital and non-KKM hospital opting for email report must register their email addresses with MRIK using form "Borang Pendaftaran Emel Penerima Laporan Pesakit, PDN/IH/QP-05/03". These email holders must abide by the confidentiality of the test reports.
- Official report from MRIK will be sent from mrik.pdn@moh.gov.my

User Communication

- For any user communication such as complaint and suggestion to MRIK, please email to ihlabpdn@gmail.com.

TEST NAME : BLOOD GROUPING TEST

Test Code / Group	MRIK-1 (Immunohematology)
Test name	Blood Grouping Test
Test Nature (Single / Profile)	Single / Profile
Measurand /Analyte	Detection of Blood Group Antigen
Test Description	<p>Single test :</p> <ul style="list-style-type: none"> • ABO/Rh grouping <p>Profile test which contain 2 or more subtest as follows :</p> <ul style="list-style-type: none"> • ABO/Rh grouping (mandatory) • ABO/Rh confirmation • RBC phenotyping
Specific Instruction Note	<ol style="list-style-type: none"> 1. A single blood group test request may trigger comprehensive ABO/Rh confirmation and antibody investigation. 2. Blood group test, AHG test, and crossmatch can be requested together using the same Immunohematology Request Form. Please ensure sufficient sample is sent. Refer to the specific test menu for detailed instructions on each test request. 3. Blood group genotyping tests are not standalone; they should be requested alongside serological blood group investigation. <ul style="list-style-type: none"> • Blood group genotyping may be deemed unnecessary when clear results can be obtained through serological testing. PDN reserves the right to reject/change the genotyping request. 4. To initiate a secretor study, kindly contact MRIK lab for instruction on patient's sample collection and sample preparation. 5. For cases involving infants, please ensure that the request is submitted along with the mother's sample. In absence of mother's sample, please notify in the request form. 6. Please obtain MO approval before sending the sample to PDN. Upon approval, samples from Klang Valley should reach PDN within 3 hours, while samples from outstations should arrive within 48 hours. <ul style="list-style-type: none"> • If sample is not received within the specified time, the case may be tested on the following working day. 7. For non-KKM hospital, testing fee is applied and all relevant sub tests will incur charges. For charges on AHG and crossmatching, please refer to the specific test page menu.

Test Approver	Medical officer (MO) PDN on-duty																															
Specimen Type	<ul style="list-style-type: none"> Whole Blood (do not separate the plasma/serum from cell) Saliva (for secretor study only) – masukkan detail 																															
Sample Requirement	<ul style="list-style-type: none"> EDTA, non gel tube : 10mL Plain tube, non gel tube : 10mL For cases involving baby : 1ml EDTA, non gel tube of baby's sample For secretor study : Collect 5-10ml of saliva in clear container and place it in boiling water for 10 minutes. Let it cool down and then hard spin to harvest the clear supernatant. Send it to PDN immediately. If there is delay in sending, keep the sample in freezer until dispatch. 																															
Request Form	1. PDN-Immunohematology Test Request form PDN/IH/QP-05/01 2. Hospital referral form (whenever possible)																															
Fee (for non-KKM hospital) (Note : final charge depends on total itemized tests performed)	<table border="1"> <thead> <tr> <th>Method</th><th>Test name</th><th>Fee (RM)</th></tr> </thead> <tbody> <tr> <td>Serology</td><td>ABO & RhD Grouping</td><td>RM 30</td></tr> <tr> <td>Serology</td><td>ABO Confirmation</td><td>RM 100</td></tr> <tr> <td>Serology</td><td>Rh Confirmation</td><td>RM 125</td></tr> <tr> <td>Serology</td><td>Rh Phenotyping</td><td>RM 30</td></tr> <tr> <td>Serology</td><td>Full Phenotyping</td><td>RM 150</td></tr> <tr> <td>Serology</td><td>Antibody Screening</td><td>RM 15</td></tr> <tr> <td>Molecular</td><td>ABO Genotyping</td><td>RM 415</td></tr> <tr> <td>Molecular</td><td>Rh Genotyping</td><td>RM 440</td></tr> <tr> <td>Molecular</td><td>RhD Variant Genotyping</td><td>RM 550</td></tr> </tbody> </table>		Method	Test name	Fee (RM)	Serology	ABO & RhD Grouping	RM 30	Serology	ABO Confirmation	RM 100	Serology	Rh Confirmation	RM 125	Serology	Rh Phenotyping	RM 30	Serology	Full Phenotyping	RM 150	Serology	Antibody Screening	RM 15	Molecular	ABO Genotyping	RM 415	Molecular	Rh Genotyping	RM 440	Molecular	RhD Variant Genotyping	RM 550
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LTAT	<ul style="list-style-type: none"> Serology : 10 working days With molecular : 20 working days LTAT may vary depending on complexity of case 																															
Report	<ul style="list-style-type: none"> KKM hospital : please retrieve the report from your blood bank (Makmal Transfusi Darah). Non-KKM hospital, report will be released after payment has been settled. 																															
Related EQA Programme	NEQABB, RCPA, UK NEQAS BTLP																															

TEST NAME : ANTIHUMAN GLOBULIN (AHG) TEST

Test Code	MRIK-2 (Immunohematology)
Test name	Antihuman Globulin (AHG) Test
Test Nature (Single / Profile)	Profile test
Measurand /Analyte	Detection of Allo & Auto Antibody of the red cell
Test Description	<p>Subtest :</p> <ul style="list-style-type: none"> • Antibody Screening • Antibody Identification • Antibody Identification Extended • Direct Antiglobulin Test (DAT) • Isohemagglutination (Titer Anti-A & Anti-B) • Cold agglutinin titer
Specific Instruction Note	<ol style="list-style-type: none"> 1. In all AHG test request, ABO/Rh blood grouping will be included as mandatory test package. <ul style="list-style-type: none"> • Depending on the initial blood group findings, the investigation maybe extended to ABO/Rh confirmation, RBC phenotyping tests. 2. AHG test, and crossmatch can be requested together using the same Immunohematology Request Form. Please ensure sufficient sample is sent. Refer to the specific test menu for detailed instructions on each test request. 3. When crossmatch is requested or expected, please send GXM form in addition to the Immunohematology test request form. GSH is not practiced in MRIK lab, PDN. 4. For cases involving infants, please ensure that the request is submitted along with the mother's sample. In absence of mother's sample, please notify in the request form. 5. For Donath Landsteiner test (special test), kindly contact MRIK lab for instruction and arrangement, prior to sample collection and testing. 6. Please obtain MO approval before sending the sample to PDN. Upon approval, samples from Klang Valley should reach PDN within 3 hours, while samples from outstations should arrive within 48 hours. <ul style="list-style-type: none"> • If sample is not received within the specified time, the case may be tested on the following working day. • For specialized test, sample should arrive as per instruction. 7. For non-KKM hospital, testing fee is applied and all relevant sub tests will incur charges. For charges on blood group and crossmatching, please refer to the specific test page menu.

Test Approver	Medical officer (MO) PDN on-duty																																	
Specimen Type	Whole Blood (do not separate the plasma/serum from cell)																																	
Sample Requirement	<ul style="list-style-type: none">• EDTA, non gel tube : 10mL• Plain tube, non gel tube : 10mL• For cases involving baby : 1ml EDTA, non gel tube of baby's sample																																	
Request Form	1. PDN-Immunohematology Test Request form PDN/IH/QP-05/01 2. Hospital referral form (whenever possible) 3. If crossmatch is requested/ expected : GXM (crossmatch form)																																	
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LTAT	<ul style="list-style-type: none">• Serology : 10 working days• With molecular : 20 working days• LTAT may vary depending on complexity of case																																	
Report	<ul style="list-style-type: none">• KKM hospital : please retrieve the report from your blood bank (Makmal Transfusi Darah).• Non-KKM hospital, report will be released after payment has been settled.																																	
Related EQA Programme	NEQABB, RCPA, UK NEQAS BTLP																																	

TEST NAME : CROSSMATCHING (GXM)

Test Code	MRIK-3 (Immunohematology)
Test name	Crossmatching
Test Nature (Single / Profile)	Profile test
Measurand /Analyte	Blood compatibility
Test Description	Compatibility testing
Specific Instruction Note	<ol style="list-style-type: none"> For all crossmatch requests, ABO/Rh blood grouping and antibody screening will be included as mandatory test package. <ul style="list-style-type: none"> Depending on the initial findings, compatibility testing may involve ABO/Rh confirmation, antibody investigation, and RBC phenotyping. AHG test (antibody investigation) and crossmatch can be requested together. Please ensure sufficient sample is sent. Refer to the specific test menu for detailed instructions on the test request. When AHG test (antibody investigation) is requested together, please send Immunohematology Test Request form PDN/IH/QP-05/01 in addition to the crossmatch form. For all crossmatch, the requester must obtain approval from the Medical Officer (MO) on-duty. Upon approval, samples from Klang Valley should reach PDN within 3 hours, while samples from outstations should arrive within 48 hours. <ul style="list-style-type: none"> If sample is not received within the specified time, the case may be tested on the following working day (exception for urgent case). For cases involving infants, please ensure that the request is submitted along with the mother's sample. In absence of mother's sample, please notify in the request form. For rare blood requirements, the time to supply depends on blood availability and it may involve procedures to call for a specific donor if necessary. This shall be discuss in detail with the MO on-duty. For non-KKM hospital, testing fee is applied and all relevant sub tests will incur charges. For charges on blood group, AHG and crossmatching, please refer to the specific test page menu.

Test Approver	Medical officer (MO) PDN on-duty															
Specimen Type	Whole Blood (do not separate the plasma/serum from cell)															
Sample Requirement	<ul style="list-style-type: none">• EDTA, non gel tube : 10mL• Plain tube, non gel tube : 10mL• For cases involving baby : 1ml EDTA, non gel tube of baby's sample															
Request Form	<ol style="list-style-type: none">1. GXM (crossmatch form)2. PDN-Immunohematology Test Request form PDN/IH/QP-05/013. Hospital referral form (whenever possible)															
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Serology	Type Blood **	RM 10														
Serology	Specialized Red Cell Treatment **	RM 20														
Remark	Final charges may vary depending on the specific tests performed.															
LTAT	Full crossmatch will take about 2 hours. However, the actual testing time may differ according to the complexity of the case and availability of specific phenotype blood.															
Report	<ul style="list-style-type: none">• For crossmatching test, there will be no separate official result issued. The crossmatch worksheet will serves as the official result and documentation.• If AHG test is requested together, report will be issued for the test. Please refer to AHG test menu for information on report.															
Related EQA Programme	NEQABB, RCPA															

TEST NAME : TRANSFUSION REACTION INVESTIGATION (TXR)

Test Code	MRIK-4 (Immunohematology)
Test name	Transfusion Reaction Investigation (TXR)
Test Nature (Single / Profile)	Profile test
Measurand /Analyte	Detection of transfusion incompatibility and antibodies
Test Description	<p>Subtest :</p> <ol style="list-style-type: none"> Investigation on patient, using pre-transfusion, post-1 transfusion (immediate after onset) and post-2 transfusion (after 24 hours) of blood and urine sample, as below : <ul style="list-style-type: none"> Patient's blood grouping Direct Antiglobulin Test (DAT) Antibody screening Antibody investigation (if indicated) Urine hemoglobinuria Genotyping (when indicated) Investigation on blood product <ul style="list-style-type: none"> Blood grouping Direct Antiglobulin Test (DAT) Crossmatch against patient (pre, post-1, post-2) Blood culture (if indicated)
Specific Instruction Note	<ol style="list-style-type: none"> All transfusion reaction referral case must be accompanied by hemovigilance form, in addition to the Immunohematology Test Request form PDN/IH/QP-05/01. For cases involving infants, the investigation of pre-transfusion sample will be done on mother's sample, while post-transfusion investigation will be conducted on the baby's sample. Please refer to the sample requirement for detailed instruction. Ensure secure packing to prevent leakage and cross-contamination of any of the samples and blood bags. Please obtain MO approval before sending the sample to PDN. Upon approval, samples of pre and post-1 from Klang Valley should reach PDN within 24 hours, while sample for post-2 can be sent later. For non-KKM hospital, testing fee is applied and all relevant sub tests will incur charges.

Test Approver	Medical officer (MO) PDN on-duty															
Specimen Type	<ul style="list-style-type: none">Whole Blood (do not separate the plasma/serum from cell)Urine															
Sample Requirement	<p>1) Patient's whole blood sample :</p> <ul style="list-style-type: none">Pre transfusion : remaining EDTA samplePost-1 transfusion (immediate after onset) : EDTA, non gel tube : 5mlPost-2 transfusion (after 24 hours) : EDTA, non gel tube : 5ml <p>2) Patient's urine sample : Post-1 and post-2 transfusion</p> <p>3) Blood bags : all transfused/ partially transfused blood/component bag</p> <p>Note ; For baby case -</p> <ul style="list-style-type: none">Pre sample should be mother's sample or baby's sample, which was used for the initial crossmatching test.Post-1 and post-2 will be baby's sample (required about 1-2ml of EDTA, non gel tube sample)Baby's urine of post-1 and post-2.															
Request Form	<p>1. Hemovigilance form</p> <p>2. PDN-Immunohematology Test Request form PDN/IH/QP-05/01</p> <p>3. Hospital referral form (whenever possible)</p>															
Fee (for non-KKM hospital) (Note : final charge depends on total itemized tests performed)	<table><tr><th>Method</th><th>Test name</th><th>Fee (RM)</th></tr><tr><td>Serology</td><td>Transfusion Reaction</td><td>RM 150</td></tr><tr><td>Serology</td><td>Rh Phenotyping</td><td>RM 30</td></tr><tr><td>Serology</td><td>Full Phenotyping</td><td>RM 150</td></tr><tr><td>Molecular</td><td>ABO Genotyping / specific profile</td><td>RM415 – RM640</td></tr></table> <p>.</p>	Method	Test name	Fee (RM)	Serology	Transfusion Reaction	RM 150	Serology	Rh Phenotyping	RM 30	Serology	Full Phenotyping	RM 150	Molecular	ABO Genotyping / specific profile	RM415 – RM640
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Remark	Final charges may vary depending on the specific tests performed.															
LTAT (working day)	<ul style="list-style-type: none">Serology : 10 working daysWith molecular : 20 working daysLTAT may vary depending on complexity of case															
Report	<ul style="list-style-type: none">KKM hospital : please retrieve the report from your blood bank (Makmal Transfusi Darah)Non-KKM hospital, report will be released after payment has been settled.															
Related EQA Programme	NEQABB, RCPA, UK NEQAS BTLP															

TEST NAME : GENOTYPING

Test Code	MRIK-5 (Immunohematology)
Test name	Genotyping
Test Nature (Single / Profile)	Single test
Measurand /Analyte	Blood group alleles / gene
Test Description	<p>Subtest :</p> <ul style="list-style-type: none"> • ABO Genotyping • Rh genotyping • RhD Variant Genotyping • Extended Red Cell Genotyping (Rh, Kidd, Kell, Duffy, MNS and rare blood group system) • Platelet Genotyping (HPA system)
Specific Instruction Note	<ol style="list-style-type: none"> 1. This is a specialized test and requires specific approval depending on type of referral. <ul style="list-style-type: none"> • For state genotyping for thalassemia/multi-transfusion dependent patient (routine) : approval is required from a Head of Division (HOD) or Head of Section (HOS) of MRIK section. • For patient confirmatory test / investigation : approval is required from Transfusion Medicine Specialist on-duty (PDN). 2. Genotyping tests are mostly supplementary to support serological (blood group, AHG, platelet antibody) testing. <ul style="list-style-type: none"> • When requesting genotyping and serological tests together, the lab reserves the right to review the serological findings ahead of genotyping testing. • If the serological investigation is clear, genotyping may be deemed unnecessary, and the lab reserves the right to decline the genotyping test request. 3. For non-KKM hospital, testing fee is applied and all relevant sub tests will incur charges.
Test Approver	<ol style="list-style-type: none"> 1. Routine genotyping (Thalassemia state) : Head of Division (HOS) or Head of Section (HOS) of MRIK PDN. 2. Confirmatory test / investigation : Transfusion Medicine Specialist (TMS) on-duty

Specimen Type	Whole Blood (do not separate the plasma/serum from cell)																				
Sample Requirement	EDTA, non gel tube : 2-4mL																				
Request Form	1. PDN-Immunohematology Test Request form PDN/IH/QP-05/01 2. Hospital referral form (whenever possible)																				
Fee (for non-KKM hospital) (Note : final charge depends on total itemized tests performed)	<table><tr><th>Method</th><th>Test name</th><th>Fee (RM)</th></tr><tr><td>Molecular</td><td>ABO Genotyping</td><td>RM 415</td></tr><tr><td>Molecular</td><td>Rh Genotyping</td><td>RM 440</td></tr><tr><td>Molecular</td><td>RhD Variant Genotyping</td><td>RM 550</td></tr><tr><td>Molecular</td><td>Extended Red Cell Genotyping</td><td>RM 640</td></tr><tr><td>Molecular</td><td>Platelet Genotyping</td><td>RM 380</td></tr></table>			Method	Test name	Fee (RM)	Molecular	ABO Genotyping	RM 415	Molecular	Rh Genotyping	RM 440	Molecular	RhD Variant Genotyping	RM 550	Molecular	Extended Red Cell Genotyping	RM 640	Molecular	Platelet Genotyping	RM 380
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Molecular	RhD Variant Genotyping	RM 550																			
Molecular	Extended Red Cell Genotyping	RM 640																			
Molecular	Platelet Genotyping	RM 380																			
Remark	Final charges may vary depending on the specific tests performed.																				
LTAT (working day)	Thalassemia / multi-transfusion dependent patient : 20 working days Confirmatory / investigation : 15 days																				
Report	<ul style="list-style-type: none">• KKM hospital : please retrieve the report from your blood bank (Makmal Transfusi Darah)• Non-KKM hospital, report will be released after payment has been settled.																				
Related EQA Programme	UK NEQAS BTLP & UK NEQAS H&I																				

TEST NAME : PLATELET ANTIBODY TEST

Test Code	MRIK-6 (Immunohematology)
Test name	Platelet Antibody Test
Test Nature (Single / Profile)	Profile test
Measurand /Analyte	Detection of Allo & Auto Antibody of the platelet cell
Test Description	<p>Platelet antibody test for diagnosis as below :</p> <ul style="list-style-type: none"> • Neonatal alloimmune thrombocytopenia (NAIT) • Platelet Transfusion Refractoriness (PTR) • Platelet Transfusion Purpura (PTP) • Immune thrombocytopenia (ITP)
Specific Instruction Note	<ol style="list-style-type: none"> 1. This is a specialized test and requires approval from a Transfusion Medicine Specialist on-duty (PDN). 2. Collect fresh sample before delivery; do not collect and store. 3. Sample reception is available during office hours only. Please plan carefully for sample collection and delivery. Samples from outstation should arrive within 48 hours. 4. For NAIT (Neonatal Alloimmune Thrombocytopenia) investigation, the test will be conducted on the maternal sample and will include a parental crossmatch test. For these tests, please send the biological parents' samples. 5. If a NAIT case is positive for anti-HPA, HPA genotyping family study is indicated. <ul style="list-style-type: none"> • For KKM hospitals, NAIT investigation will be extended to HPA genotyping family study. • For non-KKM hospitals, our lab staff member will contact the requester for confirmation of the extended test before proceeding with testing. 6. For non-KKM hospital, testing fee is applied and all relevant sub tests will incur charges (refer to note 5).
Test Approver	Transfusion Medicine Specialist (TMS) on-duty

Specimen Type	Whole Blood (do not separate the plasma/serum from cell)									
Sample Requirement	<p><u>NAIT case</u> : (note : mother/father = biological parents)</p> <ul style="list-style-type: none">• Mother sample :<ul style="list-style-type: none">- EDTA (non gel tube) : 10ml and- Plain (non gel tube) : 10ml• Father sample : EDTA (non gel tube) : 10ml• Baby sample : EDTA (non gel tube) : 1ml <p><u>PTR and PTP case</u> :</p> <ul style="list-style-type: none">• EDTA (non gel tube) : 10ml• Plain (non gel tube) : 10ml <p><u>ITP case</u> :</p> <ul style="list-style-type: none">• Plain (non gel tube) : 10ml, and• EDTA (non gel tube) :-<ul style="list-style-type: none">- 10ml : if plt > 20 x 10⁹/L- 15-20ml : if plt 10-20 x 10⁹/L- 2ml : if plt <9 x 10⁹/L									
Request Form	<p>1. Platelet Immunology Test Request form PDN/IH/QP-05/02</p> <p>2. Hospital referral form (whenever possible)</p>									
Fee (for non-KKM hospital) (Note : final charge depends on total itemized tests performed)	<table><tr><th>Method</th><th>Test name</th><th>Fee (RM)</th></tr><tr><td>Serology</td><td>Platelet Antibody</td><td>RM 75</td></tr><tr><td>Molecular</td><td>Platelet Genotyping</td><td>RM 380</td></tr></table>	Method	Test name	Fee (RM)	Serology	Platelet Antibody	RM 75	Molecular	Platelet Genotyping	RM 380
Method	Test name	Fee (RM)								
Serology	Platelet Antibody	RM 75								
Molecular	Platelet Genotyping	RM 380								
Remark	<p>1. Final charges may vary depending on the specific tests performed.</p> <p>2. All charges will be waived for all KKM-hospitals.</p>									
LTAT (working day)	<ul style="list-style-type: none">• Serology : 10 working days• With molecular : 20 working days• LTAT may vary depending on complexity of case									
Report	<ul style="list-style-type: none">• KKM hospital : please retrieve the report from your blood bank (Makmal Transfusi Darah)• Non-KKM hospital, report will be released after payment has been settled.									
Related EQA Programme	UK NEQAS H&I									

TEST NAME : PLATELET CROSSMATCHING (PXM)

Test Code	MRIK-7 (Immunohematology)
Test name	Platelet Crossmatching (PXM)
Test Nature (Single / Profile)	Profile
Measurand /Analyte	Platelet Compatibility
Test Description	<p>Platelet crossmatch test for diagnosis as below :</p> <ul style="list-style-type: none"> • Platelet Transfusion Refractoriness (PTR) • Neonatal alloimmune thrombocytopenia (NAIT)
Specific Instruction Note	<ol style="list-style-type: none"> 1. PXM service is offered during office working hours only, and subjected to Medical Officer (MO) on-duty approval. 2. Upon seeking approval, do specify the date to collect the crossmatched platelet. Once approved, request the MO to raise PXM notification form (internal form) to the platelet lab for test preparation. 3. A new PXM case must be requested together with a platelet antibody test. Please refer to the platelet antibody test menu for specific instructions on the test request. <ul style="list-style-type: none"> • If the platelet antibody test is negative, PXM may be canceled - a decision to be made by the lab and on-duty team. • Due to urgency, PXM may be conducted ahead of the platelet antibody test, a decision to be made by the lab. 4. For additional PXM requests (initial case of less than 2 weeks), please allow MO PDN to check on sample availability: <ul style="list-style-type: none"> • If the sample is still available, additional PXM requests shall be made directly to the MO (verbal request). The MO will record the verbal request on the PXM notification form. • If a sample is required, please send new sample with a new platelet request form. 5. Platelet supply will be (depending on compatibility result) on the same day as platelet testing. The earliest issuance time is at 3 pm. 6. For request from outside Klang Valley, the requester shall arrange for the transport of platelet from PDN to the requesting hospital. 7. When POSLAJU being appointed for the platelet transfer, the requester shall take into account of the local public holiday to avoid platelet being stranded at the post office. It is recommended that platelet being shipped out from PDN, 2 days before any local public holiday.

	<div>8. PDN will not reserve the compatible platelets at our site. The requesting hospital should arrange with the Inventory Unit to supply all compatible platelets.</div> <div><div></div><div>The subsequent daily request shall be arranged between the requester and the requesting hospital blood bank.</div></div>									
Test Approval	<div>1. New case : Transfusion Medicine Specialist (TMS) on-duty</div> <div>2. Medical officer (MO) PDN on-duty</div>									
Specimen Type	Whole Blood (do not separate the plasma/serum from cell)									
Sample Requirement	<div><div></div><div>Plain tube, non gel tube : 10mL</div></div> <div>Note : if requesting together with platelet antibody, please refer to Platelet Antibody test sample requirement.</div>									
Request Form	<div>1. PDN-Platelet Immunology Test Request form PDN/IH/QP-05/02</div> <div>2. Hospital referral form (whenever possible)</div>									
Fee (for non-KKM hospital) <div>(Note : final charge depends on total itemized tests performed)</div>	<table><tr><th>Method</th><th>Test name</th><th>Fee (RM)</th></tr><tr><td>Serology</td><td>Platelet Crossmatching</td><td>RM 95</td></tr><tr><td>Serology</td><td>Platelet Antibody</td><td>RM 75</td></tr></table> <div>The listed fee is for laboratory testing only ; blood product will be charged separately by Seksyen Bekalan Darah, PDN</div>	Method	Test name	Fee (RM)	Serology	Platelet Crossmatching	RM 95	Serology	Platelet Antibody	RM 75
Method	Test name	Fee (RM)								
Serology	Platelet Crossmatching	RM 95								
Serology	Platelet Antibody	RM 75								
Remark	Final charges may vary depending on the specific tests performed.									
LTAT (working day)	Not applicable. Platelet supply depends on date required.									
Report	<div><div></div><div>KKM hospital : please retrieve the report from your blood bank (Makmal Transfusi Darah)</div></div> <div><div></div><div>Non-KKM hospital, report will be released after payment has been settled.</div></div>									
EQA Programme	UK NEQAS H&I									