Maternal Fetal Medicine Clinic Staff:

1. **Testing Criteria for Fetal Genotyping**
   a. Fetal genotyping will be considered in cases where:
   b. The antibody is anti-D, anti-C, anti-c, anti-E, at a critical titre level, and the mother is at **16 weeks gestation** or later, **OR**
   c. The antibody is anti-K, regardless of titre level, and the mother is at **28 weeks gestation** or later, **OR**
   d. There has been a previous fetus/newborn affected by hemolytic disease of the fetus/newborn (HDFN), **AND**
   e. The father is heterozygous for the corresponding antigen (or unknown).

2. **Request for MSP funding approval.**

3. **Notify Canadian Blood Services BC & Yukon, of sample collection**
   a. Prior to sample collection, notify supervisors:

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lhevinne Ciurcovich</td>
<td>604-707-3449</td>
<td><a href="mailto:lhevinne.ciurcovich@blood.ca">lhevinne.ciurcovich@blood.ca</a></td>
</tr>
<tr>
<td>Vivian Stephens</td>
<td>604-707-3483</td>
<td><a href="mailto:vivian.stephens@blood.ca">vivian.stephens@blood.ca</a></td>
</tr>
<tr>
<td>Heba Abukhadra</td>
<td>604-707-3573</td>
<td><a href="mailto:Heba.abukhadra@blood.ca">Heba.abukhadra@blood.ca</a></td>
</tr>
</tbody>
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   b. Provide the following details:
      - Patient’s full name and PHN
      - Date of sample collection
      - Sample collection location
   c. Forward copy of MSP approval letter by fax: 604-874-6582

4. **Sample Requirements**
   a. Mother: 4 X 7 mL EDTA samples
   b. Father: 1 X 7 mL EDTA sample, if testing for RhD (maternal anti-D is present)

5. **Complete the International Blood Group Reference Laboratory requisition**
   a. Required for mother’s sample only

6. **Complete CBS – Diagnostic Services Perinatal Screen Request requisition(s)**
   a. Always required for mother’s sample. Required for father sample, if testing for RhD (maternal anti-D is present).
   b. Indicate on requisition(s) “**For Fetal Genotyping. Keep Specimens at Room Temperature.**”
      i. For mother’s requisition
         a) ☑ Mother – Clinically Significant Antibody, for specimen collection type
         b) Change draw instructions to draw **Four 7mL EDTA specimens**
      ii. For father’s requisition, if testing for RhD (maternal anti-D is present)
         a) ☑ Father, for specimen collection type

7. **Complete Consent for Release of Neonatal Test Results to Canadian Blood Services**
   a. Attach to International Blood Group Reference Laboratory requisition
   b. **Samples not accompanied by a signed consent will not be processed**

8. **Provide mother with:**
   a. Completed requisitions
      i. International Blood Group Reference Laboratory
      ii. CBS – Diagnostic Services Perinatal Screen Request
   b. Completed Consent for Release of Neonatal Test Results to Canadian Blood Services (attached to requisition)
   c. Guidelines for hospitals for cffDNA
   d. MSP funding approval letter

9. **Send parent(s) to laboratory collection site**
   a. Collection can occur Monday to Wednesday only
   b. Notify CBS ASAP if predetermined sample collection date or location changes

10. If outside Lower Mainland, please fax Diagnostic Service the courier waybill # for tracking purposes, if applicable. Fax number: **604-874-6582**