

PLEASE NOTE: Blood samples are not collected at Canadian Blood Services (CBS)

All information must be complete or testing will not be performed

Maternal Information (Maternal Label – optional)	To be Completed by Physician
Surname of Mother	Hospital for Delivery (in full)
Given Name(s)	Unexpected antibodies present? Antibody(s) _____ CBS Reference no: _____
Date of Birth yyyy mmm dd	Expected Date of Delivery yyyy mmm dd
Personal Health Number PHN (or Unique number if no PHN)	RhIG given this pregnancy Specimen collected before injection? <input type="checkbox"/> No <input type="checkbox"/> Yes Date _____ <input type="checkbox"/> No <input type="checkbox"/> Yes

Paternal Information	Mother's information must be complete when submitting Father's specimen
Surname of Father	Given Name(s)
Date of Birth yyyy mmm dd	Personal Health Number PHN (or Unique number if no PHN)

Physician / Midwife	All information must be complete (Please indicate clinic name) Results faxed within 72 hours of sample receipt
Physician name / Midwife Name Billing number	Physician name / Midwife Name Billing number
Address	Address
City Prov Postal Code	City Prov Postal Code
CLINIC NAME FAX Number Phone Number	CLINIC NAME FAX Number Phone Number

Copy to	Copy to
Physician name / Midwife Name Billing number	Physician name / Midwife Name Billing number
Address	Address
City Prov Postal Code	City Prov Postal Code
CLINIC NAME FAX Number Phone Number	CLINIC NAME FAX Number Phone Number

Specimen Collection	Label tubes with full name, PHN (or other unique number) and date of collection Ensure that information on specimens EXACTLY matches information on requisition	
<input type="checkbox"/> Mother – Routine or Infertility Initial & 26 weeks Draw one 6 or 7mL EDTA	<input type="checkbox"/> Mother – Clinically Significant Antibody When requested by CBS Diagnostic Services Draw three 6 or 7mL EDTA	<input type="checkbox"/> Father – When requested by CBS Diagnostic Services Draw one 6 or 7mL EDTA
Date of Collection yyyy mmm dd	Collected by	Collection Facility

Canadian Blood Services, Diagnostic Services ♦ Fax (604) 874-6582 Phone (604) 707- 3527
BC & Yukon Centre, 4750 Oak Street, Vancouver, BC, V6H 2N9

FV03583 2011-08-25 CS90 010V

The personal information collected on this form is collected under the authority of the *Personal Information Protection Act*. The personal information is used to provide medical services requested on this requisition. The information collected is used for quality assurance management and disclosed to healthcare practitioners involved in providing care or when required by law. Personal information is protected from unauthorized use and disclosure in accordance with the *Personal Information Protection Act* and when applicable the *Freedom of Information and Protection of Privacy Act* and may be used and disclosed only as provided by those Acts.