



## Perinatal Testing For Red Blood Cell Serology

Accession # (CBS lab only)

Edmonton Site 8249-114 Street NW T6G 2R8

- For sample collection patient to go to any routine blood collection site in Alberta.
- Use this requisition when ordering any perinatal serology testing listed below.
- For further information on ordering and testing criteria, refer to the Canadian Blood Services website at:  
<https://blood.ca/en/laboratory-services/perinatal-testing-services-edmonton-ab>

**ALL INFORMATION MUST BE COMPLETED OR TESTING WILL NOT BE PERFORMED**

<b>Patient</b>	PHN		Alternate Identifier		Date of Birth (dd-mmm-yyyy)	
	Last Name		Legal First Name		Middle	Gender F M X Non-binary/Prefer not to disclose
	Address		City/Town		Prov	Postal Code
<b>Delivery/RhIG Information</b>	Name of Delivery Hospital			Estimated Date of Delivery (dd-mmm-yyyy)		Last Menstrual Period (dd-mmm-yyyy)
	Rh Immune Globulin Given This Pregnancy (RhIG) <input type="checkbox"/> YES <input type="checkbox"/> NO			Date RhIG Given (dd-mmm-yyyy)		Gravida
<b>Maternal Information</b>	<b>NOTE:</b> If sample is from the Father, maternal information <b>must</b> be completed:					
	Mother's Full Legal Name: _____ (Last Name, First Name)			DOB: _____ (dd-mmm-yyyy)		
Mother's PHN: _____						
<b>Requestor</b>	Requestor Name ( <i>last, first</i> )		Location/Facility/Address		Phone	
					Fax	
	Copy to Name ( <i>last, first</i> )		Location/Facility/Address		Phone	
					Fax	
<b>Collection</b>	Date (dd-mmm-yyyy)		Time (24 hr)	Location	Collector ID	
<b>Testing Required</b>	<b>Specimens MUST be drawn prior to injection of Rh Immune Globulin</b> Mother and Father samples require separate requisitions for collection. Check only applicable boxes.					
	<input type="checkbox"/> Mother - Initial Screening - ABO/Rh, Antibody Screen Collect one - 6 mL (13x100mm) EDTA tube					
	<input type="checkbox"/> Mother - 26 Week Follow-up - ABO/Rh, Antibody Screen Collect one - 6 mL (13x100mm) EDTA tube					
	<input type="checkbox"/> Mother - Follow-up when antibody present - ABO/Rh, Antibody ID Collect <b>two</b> - 6 mL (13x100mm) EDTA tubes					
	<input type="checkbox"/> Father - <i>Tested ONLY if requested by CBS Perinatal Laboratory</i> Mother's information must be completed when submitting Father Specimen. Collect one - 6 mL (13x100mm) EDTA tube					
Forward specimens and this requisition to Canadian Blood Services (Edmonton) for testing.						