Guidance for completion of Molecular Diagnostics Request Form FRM4674

A minimum of three points of ID are required on both the sample and the accompanying form.

Requesters who have not signed a contract with NHSBT must sign here, samples will not be tested until a signed form is received.

FORM FRM4674/3.1 NHS Blood and Transplant Effective: DRAFT

INTERNATIONAL BLOOD GROUP REFERENCE LABORATORY

Request for fetal blood group genotyping from maternal blood

By signing and submitting this Referral Form to NHSBT the Purchaser is acknowledging that the NHSBT Terms and Conditions apply to this Referral. Where the contracting party has a Service Level Agreement with NHSBT which includes the provision of IBGRL services then the Service Level Agreement shall take precedence, and all provisions of that Agreement and subsequent amendments will apply in full

(1) NHS Blood and Transplant a Special Health Authority established under SI 2005 No 2529 of Oak House, Reeds Crescent, Watford ("NHSBT"); and

(2) Company Name:
Address of Registered Office:

(the "Purchaser")

An NHS number or other unique identifier such as hospital number or sample number **must** be included on both the form and sample tube.

An estimated date of delivery (EDD) or week's gestation is required

Please indicate if this is a singleton or twin/multiple pregnancy here.

Patient details	
Surname	
First name	
Date of birth	
NHS no.	
Hospital no.	
Sample date	
Gestation / EDD	
Known risk of infection?	
Ethnic origin of patient	
Ethnic origin of partner	
Blood group of patient	
Blood group of partner	
Twin pregnancy?	

Tick box to show the **antibodies** that have been identified in the patient. The antibody level can also be included if available.

Maternal antibodies	Present	Absent	Level
Anti-D			
Anti-c			
Anti-C			
Anti-E			
Anti-K			

Tick here to show which test / tests you would like us to perform.

Test required	
RhD (from 16 weeks gestation.)	
Rhc (from 16 weeks gestation.)	
RhC (from 16 weeks gestation.)	
RhE (from 16 weeks gestation.)	
K (Kell) (from 20 weeks gestation.)	
Sample sent	
16ml maternal EDTA blood	
3ml EDTA blood from partner (RhD only)	
Frozen maternal plasma on dry ice	
Ship at ambient temperature, to arrive within 48 hours for K typing, other tests within 72 hours	

This is the sample volume required per test. If more than one test is requested please send additional samples. Refer to the user guide INF1135 for sending frozen maternal plasma on dry ice.

A paternal blood sample is NOT essential. A sample will be requested retrospectively if required.

Comments and clinical history

The requester address including department, postcode, telephone number and email address must be included here in clear print, this is where the report will be sent. **International Users: please include international dialling code for telephone number.**

Name and address of Requester (destination for the report)

Department

Address

Postcode
Tel:

FAX:

Email:

Please send samples to:

Molecular Diagnostics
International Blood Group Reference Laboratory
NHS Blood and Transplant
500 North Bristol Park
Filton
BS34 7QH

Tel: 0117 921 7572

FAX: 0117 912 5782

Email: molecular.diagnostics@nhsbt.nhs.uk

Please include the sender details here if different to the requester.

Name of sender

Sender contact telephone no.

Sender email

NHSBT use only:
Date rec:

Sample ID:

Hematos barcode

Send invoice to:

(This information must be provided by non-UK users)

This page to be completed by requester and to accompany the sample

(Template Version 01/11/13)