

INTERNATIONAL BLOOD GROUP REFERENCE LABORATORY
Request for Fetal Typing from Maternal Blood / Amniotic Fluid / CVS

Patient Details	
Surname	
First name	
Date of Birth	
Previous IBGRL Ref.	
Hospital No.	
Sample date	
Weeks gestation	
Risk of HBV or HIV	
Ethnic origin of patient	
Ethnic origin of partner	
Blood group of patient	
Blood group of partner	
Twin pregnancy?	

Maternal antibodies	Present	Absent	Level
Anti-RhD			
Anti-Rhc			
Anti-RhC			
Anti-E			
Anti-K			

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 enclosed	
16ml EDTA blood	
3ml EDTA blood from partner (RhD only)	
5ml Amniotic fluid / CVS	
Do not send DNA prepared from plasma	
Ship to arrive within 48 hours	

Comments and Clinical History

Sender (PLEASE PRINT)
<p>Name: Canadian Blood Services Address: Edmonton Diagnostic Services 8249-114 Street Edmonton, AB Canada, T6G 2R8</p> <p>Please e-mail results to perinatal@blood.ca</p> <p>Tel: 1-780-431-8724 FAX: 1-780-431-8747</p> <p>Email: perinatal@blood.ca</p>

Please send samples to:
<p>Genotyping Manager IBGRL NHSBT North Bristol Park, Filton, Bristol BS34 7QH UK</p> <p>Tel: 0044 117 921 7572 Fax:0044 117 912 5782</p> <p>Email: Molecular.diagnostics@nhsbt.nhs.uk pete.martin@nhsbt.nhs.uk</p>

Name & Address for reply if different from Sender: (Please Print)
<p>Invoice to: Attention: Leanne To Canadian Blood Services Edmonton Diagnostic Services 8249-114 Street Edmonton, AB Canada, T6G 2R8 1-780-431-8727</p>

<p>IBGRL use only: Date rec: Sample ID:</p>
<p>Hematos barcode</p>