

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:

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?	

Maternal antibodies	(The "Purchaser")		Level
	Present	Absent	
Anti-D			
Anti-c			
Anti-C			
Anti-E			
Anti-K			

Comments and clinical history
<p>Name and address of Requester (destination for the report)</p> <p>Department</p> <p>Address</p> <p>Postcode</p> <p>Tel:</p> <p>FAX:</p> <p>Email:</p>
<p>Name of sender</p> <p>Sender contact telephone no.</p> <p>Sender email</p>
<p>Send invoice to:</p> <p>(This information must be provided by non-UK users)</p>

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	

Please send samples to:
<p>Molecular Diagnostics International Blood Group Reference Laboratory NHS Blood and Transplant 500 North Bristol Park Filton BS34 7QH</p> <p>Tel: 0117 921 7572</p> <p>FAX: 0117 912 5782</p> <p>Email: molecular.diagnostics@nhsbt.nhs.uk</p>

<p>NHSBT use only:</p> <p>Date rec:</p> <p>Sample ID:</p> <p>Hematos barcode</p>
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This page to be completed by requester and to accompany the sample