

PERINATAL FOLLOW-UP TESTING FOR RED BLOOD CELL SEROLOGY

- If this is the first prenatal testing of the pregnancy, use **PRENATAL TESTING - INITIAL SCREEN FOR PREGNANT WOMAN** requisition.
- **SPECIMENS MUST BE DRAWN PRIOR TO INJECTION OF RH IMMUNE GLOBULIN.**
- For results, fax request to (780) 431-8747.

Patient Information				Mothers Information. All information must be complete or testing will not be performed.			
Surname of Mother				Given Name(s)			
Date of birth		Day	Month	Year	Personal Health Number (PHN) or unique ID number if no PHN		
Address				City	Province	Postal Code	
Hospital for Delivery					Expected Date of Delivery		
		Day	Month	Year			
Last Menstrual Period		Day	Month	Year	Gravida	Para	Rh Immune Globulin Given this pregnancy?
					G	P	<input type="checkbox"/> YES <input type="checkbox"/> NO
				Date RhIG Given	Day	Month	Year

Father or Newborn Information				Mother's information must be complete when submitting Father or Newborn specimens.			
Surname of Father/Newborn				Given Name(s) of Father/Newborn			
Date of birth		Day	Month	Year	Personal Health Number PHN (or unique ID number if no PHN)		

Physician/Midwife Information				All information must be complete and legible or result report will not be sent.			
Physician/Midwife Name				PRAC ID			
Address		City	Province	Postal Code			
Clinic Name		Phone	Fax				

Please send a copy of results to:

Physician/Midwife Name				PRAC ID			
Address		City	Province	Postal Code			
Clinic Name		Phone	Fax				

Specimen Type			
<input type="checkbox"/> Mother - 26 Week Follow-up Draw one 7 mL (13 x 100mm) EDTA specimen		<input type="checkbox"/> Father Tested ONLY if requested by CBS Perinatal Laboratory Draw one 7 mL (13 x 100mm) EDTA specimen	
<input type="checkbox"/> Mother - Follow-up when antibody present Draw <u>two</u> 7 mL (13 x 100mm) EDTA specimens		<input type="checkbox"/> Newborn (cord) Submit for testing only if mother is Rh negative or has an antibody capable of cause HDFN or if the baby demonstrates signs of HDFN (e.g. jaundice). Draw one clotted (red top) specimen	
<input type="checkbox"/> Mother - Postnatal test Draw one 7 mL (13 x 100mm) EDTA specimen			

Specimen Collection				Label tubes with full name, PHN (or other unique ID number) and date of collection. Ensure that information on tubes EXACTLY matches information on requisition.			
Date of Collection		Day	Month	Year	Time of Collection (24 hour)	Collected by	Collection Facility

Send specimens and requisitions to Canadian Blood Services as soon as possible after collection. Testing is done at Edmonton site only.

Edmonton Site: 8249 - 114 St. Edmonton T6G 2R8 (780) 431-8759 or (866) 258-8889.
Calgary Site: 737 - 13 Ave. SW Calgary T2R 1J1