

INTERNATIONAL BLOOD GROUP REFERENCE LABORATORY

Request for genotyping

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:

Sample details	
Surname	
First name	
Date of birth	
NHS no.	
Hospital no.	
Sample date	
Sample number	
Known infectious risk?	
Ethnic origin	
Gender	
Transplant recipient?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Urgency (please tick): 48 hr <input type="checkbox"/> Premium charge incurred for 48 hr turnaround	
Routine <input type="checkbox"/>	

Genotype requested (tick boxes)			
Rh D	<input type="checkbox"/>	Jk ^a	<input type="checkbox"/>
Rh C	<input type="checkbox"/>	Jk ^b	<input type="checkbox"/>
Rh c	<input type="checkbox"/>	M	<input type="checkbox"/>
Rh E	<input type="checkbox"/>	N	<input type="checkbox"/>
Rh e	<input type="checkbox"/>	S	<input type="checkbox"/>
K (KEL1)	<input type="checkbox"/>	s	<input type="checkbox"/>
k (KEL2)	<input type="checkbox"/>	RHD zygosity	<input type="checkbox"/>
Fy ^a	<input type="checkbox"/>	Other (state)	<input type="checkbox"/>
Fy ^b	<input type="checkbox"/>		

(The "Purchaser")

Sample enclosed (tick boxes) ^b	
EDTA blood	<input type="checkbox"/>
Other tissue (please state)	<input type="checkbox"/>
Ship at ambient temperature	

Clinical details / transfusion history / reason for referral
Antibodies present
Requester and destination for report (please print clearly)
Name:
Address
Postcode
Tel:
FAX:
Email:
Sender, if different to requester (please print clearly):
Name:
Invoice to:

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

IBGRL use only:
Date rec:
Sample ID:

Hematos barcode
