


Guidance for completion of Molecular Diagnostics Request Form FRM4738

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



FORM FRM4738/3.2 **Blood and Transplant** Effective: 25/06/18

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: [Redacted] (The Purchaser)
 Address of Registered Office: [Redacted]

<p>Sample details</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Surname</td><td></td></tr> <tr><td>First name</td><td></td></tr> <tr><td>Date of birth</td><td></td></tr> <tr><td>NHS no.</td><td></td></tr> <tr><td>Hospital no.</td><td></td></tr> <tr><td>Sample date</td><td></td></tr> <tr><td>Sample number</td><td></td></tr> <tr><td>Known infectious risk?</td><td></td></tr> <tr><td>Ethnic origin</td><td></td></tr> <tr><td>Gender</td><td></td></tr> <tr><td>Transplant recipient?</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr> <tr><td>Urgency (please tick):</td><td></td></tr> <tr><td>48 hr <input type="checkbox"/> Premium charge incurred for 48 hr turnaround</td><td></td></tr> <tr><td>Routine <input type="checkbox"/></td><td></td></tr> </table> <p>Clinical details / transfusion history / reason for referral</p> <p>Antibodies present</p> <p>Requester and destination for report (please print clearly)</p> <p>Name:</p> <p>Address</p> <p>Postcode</p> <p>Tel:</p> <p>FAX:</p> <p>Email:</p> <p>Sender, if different to requester (please print clearly):</p> <p>Name:</p> <p>Invoice to:</p>	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"/>		<p>Genotype requested (tick boxes)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Rh D</td><td><input type="checkbox"/></td><td>Jk^a</td><td><input type="checkbox"/></td></tr> <tr><td>Rh C</td><td><input type="checkbox"/></td><td>Jk^b</td><td><input type="checkbox"/></td></tr> <tr><td>Rh c</td><td><input type="checkbox"/></td><td>M</td><td><input type="checkbox"/></td></tr> <tr><td>Rh E</td><td><input type="checkbox"/></td><td>N</td><td><input type="checkbox"/></td></tr> <tr><td>Rh e</td><td><input type="checkbox"/></td><td>S</td><td><input type="checkbox"/></td></tr> <tr><td>K (KEL1)</td><td><input type="checkbox"/></td><td>s</td><td><input type="checkbox"/></td></tr> <tr><td>k (KEL2)</td><td><input type="checkbox"/></td><td>RHD zygosity</td><td><input type="checkbox"/></td></tr> <tr><td>Fy^a</td><td><input type="checkbox"/></td><td>Other (state)</td><td><input type="checkbox"/></td></tr> <tr><td>Fy^b</td><td><input type="checkbox"/></td><td></td><td></td></tr> </table> <p>Sample enclosed (tick boxes)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EDTA blood</td><td><input type="checkbox"/></td></tr> <tr><td>Other tissue (please state)</td><td><input type="checkbox"/></td></tr> <tr><td>Ship at ambient temperature</td><td></td></tr> </table> <p>Please send samples to:</p> <p>Molecular Diagnostics International Blood Group Reference Laboratory NHS Blood and Transplant North Bristol Park Filton BS34 7QH</p> <p>Tel: 0117 921 7572 FAX: 0117 912 5782 Email: molecular.diagnostics@nhsbt.nhs.uk</p> <p>IBGRL use only:</p> <p>Date rec:</p> <p>Sample ID:</p> <p>Hematos barcode</p>	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"/>			EDTA blood	<input type="checkbox"/>	Other tissue (please state)	<input type="checkbox"/>	Ship at ambient temperature	
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Requesters who have not signed a contract with NHSBT must sign here, samples will not be tested until a signed form is received.

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

If the patient has received a transplant this box must be ticked. Add details (autologous or allogeneic transplant, date of transplant) in clinical details section

Please contact the laboratory before sending samples requiring 48 hour turn around time.

The sender address including **postcode**, telephone number and email address must be included here in clear print.

Only write here if you require the report to be sent to an address different to the sender.

Only tick the genotyping tests you require, do not tick all boxes. Please indicate if any additional genotypes are required which are not stated in the space available. Contact laboratory or refer to user guide INF1135 if you required tests not listed on the request form.

Indicate what type of sample has been sent, see user guide INF1135 for sample requirements.

Please include an address for the invoice to be sent to this is essential for all non-UK users.

Samples for HGP should be requested using FRM1597 (request form for reference serology A1)