A minimum of three matching points of ID are required on both the sample and the accompanying form. See the Fetal RHD screening user guide (INF1259) for full sample and request form requirements.

An NHS number is preferred for fetal RHD screening, if it is not available a hospital number may be used.

Date on sample submitted with this form for investigation. **Must** include year, e.g. 01/02/16, not just 01/02.

The **full** hospital name **must** be included. Please do not abbreviate. The hospital name and code determine where the report will be sent.

An estimated date of delivery (EDD) is essential for fetal RHD screening for identification of the pregnancy. EDD **must** be determined by scan before taking a sample. Number of weeks' gestation is not sufficient.

Use the 5 digit code. It is variously known as NHSIA/NACs or ODS code. (It is not the 4 character hospital code).

Place your hospital specimen barcode in this box if you need the number on the report. The same number must be on the sample tube to be included on the report. Please ensure the barcode does not obscure any patient information on the sample.