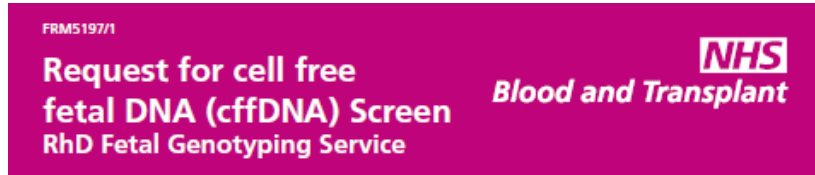


## Guidance for completion of Molecular Diagnostics Request Form FRM5197

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



This form is only to be used for RhD negative pregnant women.  
 Please **DO NOT USE** this form for samples from women who have anti-D antibodies. For those cases, please speak to the Fetal Maternal Unit first (a different form and sample volume are required).  
 At least three points of matching identification must be used on form and sample tubes

**Mother's Details:**

NHS No. \_\_\_\_\_ or\* Hospital No. \_\_\_\_\_  
\*(if NHS No. is not known). Please ensure that the numbers are the same on this form and the sample tube i.e. NHS No. on both form and sample and/or Hospital No. on both form and sample

Surname \_\_\_\_\_  
 First name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DOB \_\_\_\_\_ EDD from scan\* \_\_\_\_\_  
\*if scan has not been done, then one should be arranged before taking sample

**Please provide 6ml EDTA blood sample from the mother**

Date of sample taken \_\_\_\_\_ Name of person taking sample \_\_\_\_\_

**Hospital and Requester Details:**

Full Hospital Trust Name \_\_\_\_\_ Hospital NHS Code\* \_\_\_\_\_  
\*ODS code (Formerly NACS code)

Midwife code \_\_\_\_\_ Practice code \_\_\_\_\_

Sender's name and address \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Email: \_\_\_\_\_

For Hospital Laboratory use  
 Date received: \_\_\_\_\_

**SEND SAMPLE WITH THIS FORM TO THE PATHOLOGY LABORATORY**

**Instructions for Laboratory Reception**

Follow Hospital Trust SOP.  
 See sample labelling and transport instructions on the reverse of this form.

For NHSBT use  
 Date received: \_\_\_\_\_

An NHS number is preferred for cffDNA 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.

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

You have been provided with a 5 character code. It is variously known as NHSIA/NACs or ODS code. It is not the 4 character hospital code.

You can place your hospital specimen barcode here. **Please ensure the barcode does not obscure any patient information on the sample.**