

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.

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

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.

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

Requesters who have not signed a contract with NHSBT must sign here, samples will not be tested until a signed form is received.

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.



FORM FRM4738/3.1 Blood and Transplant Effective: DRAFT

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 IBORL 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 is Special Health Authority established under SI2005 No 2529 of Oak House, Reeds Crescent, Watford (NHSBT); and
 (2) Company Name: [Redacted] (the "Purchaser")
 Address of Registered Office: [Redacted]

Sample details		Genotype requested (tick boxes)	
Surname	<input type="checkbox"/>	Rh D	<input type="checkbox"/>
First name	<input type="checkbox"/>	Rh C	<input type="checkbox"/>
Date of birth	<input type="checkbox"/>	Rh c	<input type="checkbox"/>
NHS no.	<input type="checkbox"/>	Rh E	<input type="checkbox"/>
Hospital no.	<input type="checkbox"/>	Rh e	<input type="checkbox"/>
Sample date	<input type="checkbox"/>	K (KEL1)	<input type="checkbox"/>
Sample number	<input type="checkbox"/>	k (KEL2)	<input type="checkbox"/>
Known infectious risk?	<input type="checkbox"/>	Fy ^a	<input type="checkbox"/>
Ethnic origin	<input type="checkbox"/>	Fy ^b	<input type="checkbox"/>
Gender	<input type="checkbox"/>	Sample enclosed (tick boxes)	
Urgency (please tick)	48 hr <input type="checkbox"/> Premium charge incurred for 48 hr turn around <input type="checkbox"/> Routine <input type="checkbox"/>	EDTA blood <input type="checkbox"/> Other tissue (please state) <input type="checkbox"/> Ship at room temperature <input type="checkbox"/>	
Clinical details / transfusion history / reason for referral		Please send samples to:	
Antibodies present		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	
Requester and destination for report (please print clearly)			
Name: <input type="text"/>			
Address: <input type="text"/>			
Postcode: <input type="text"/>		IBORL use only:	
Tel: <input type="text"/>		Date rec: <input type="text"/>	
FAX: <input type="text"/>		Sample ID: <input type="text"/>	
Email: <input type="text"/>		Hematos barcode	
Sender, if different to requester (please print clearly):			
Name: <input type="text"/>			
Invoice to: <input type="text"/>			

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