

## Guidance for completion of Molecular Diagnostics Request Form FRM4739

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

### INTERNATIONAL BLOOD GROUP REFERENCE LABORATORY Request for fetal sex typing from maternal blood

By signing and submitting this Request Form to NHSBT the Purchaser is acknowledging that the NHSBT Terms and Conditions apply to this Request. 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 is Special Health Authority established under SI 2005 No 2529 of Oak House, Leeds Crescent, Washford  
("NHSBT"); and  
(2) Company Name: [Redacted] (the "Purchaser")  
Address of Registered Office: [Redacted]

**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.

An estimated date of delivery (EDD) or week's gestation is required.

Please indicate if this is a singleton or twin/multiple pregnancy here.

Please include the sender details here if different to the requester.

|   |                              |  |              |  |  |           |         |            |              |                 |             |  |   |  |                          |  |                 |  |  |                 |  |                                      |  |  |  |
|---|------------------------------|--|--------------|--|--|-----------|---------|------------|--------------|-----------------|-------------|--|---|--|--------------------------|--|-----------------|--|--|-----------------|--|--------------------------------------|--|--|--|
| <p><b>Patient details</b></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>Weeks gestation / EDD</td><td></td></tr> <tr><td>Known risk of infection?</td><td></td></tr> <tr><td>Twin pregnancy?</td><td></td></tr> </table> | Surname                      |  | First name   |  | Date of birth  |           | NHS no. |            | Hospital no. |                 | Sample date |  | Weeks gestation / EDD   |  | Known risk of infection? |  | Twin pregnancy? |  | <p><b>Fetal sex typing from maternal blood</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>10ml EDTA blood</td><td></td></tr> <tr><td>Do not send DNA prepared from plasma</td><td></td></tr> <tr><td>Ship at ambient temperature, to arrive within 7 days</td><td></td></tr> </table> <p><b>Please send samples to:</b><br/>Molecular Diagnostics<br/>International Blood Group Reference Laboratory<br/>NHS Blood and Transplant<br/>500 North Bristol Park<br/>Filton<br/>BS34 7QH<br/>Tel: 0117 921 7572<br/>FAX: 0117 912 5782<br/>Email: molecular.diagnostics@nhsbt.nhs.uk</p> | 10ml EDTA blood |  | Do not send DNA prepared from plasma |  | Ship at ambient temperature, to arrive within 7 days |  |
| Surname   |                              |  |              |  |  |           |         |            |              |                 |             |  |   |  |                          |  |                 |  |  |                 |  |                                      |  |  |  |
| First name  |                              |  |              |  |  |           |         |            |              |                 |             |  |   |  |                          |  |                 |  |  |                 |  |                                      |  |  |  |
| Date of birth   |                              |  |              |  |  |           |         |            |              |                 |             |  |   |  |                          |  |                 |  |  |                 |  |                                      |  |  |  |
| NHS no.   |                              |  |              |  |  |           |         |            |              |                 |             |  |   |  |                          |  |                 |  |  |                 |  |                                      |  |  |  |
| Hospital no.  |                              |  |              |  |  |           |         |            |              |                 |             |  |   |  |                          |  |                 |  |  |                 |  |                                      |  |  |  |
| Sample date   |                              |  |              |  |  |           |         |            |              |                 |             |  |   |  |                          |  |                 |  |  |                 |  |                                      |  |  |  |
| Weeks gestation / EDD   |                              |  |              |  |  |           |         |            |              |                 |             |  |   |  |                          |  |                 |  |  |                 |  |                                      |  |  |  |
| Known risk of infection?  |                              |  |              |  |  |           |         |            |              |                 |             |  |   |  |                          |  |                 |  |  |                 |  |                                      |  |  |  |
| Twin pregnancy?   |                              |  |              |  |  |           |         |            |              |                 |             |  |   |  |                          |  |                 |  |  |                 |  |                                      |  |  |  |
| 10ml EDTA blood   |                              |  |              |  |  |           |         |            |              |                 |             |  |   |  |                          |  |                 |  |  |                 |  |                                      |  |  |  |
| Do not send DNA prepared from plasma  |                              |  |              |  |  |           |         |            |              |                 |             |  |   |  |                          |  |                 |  |  |                 |  |                                      |  |  |  |
| Ship at ambient temperature, to arrive within 7 days  |                              |  |              |  |  |           |         |            |              |                 |             |  |   |  |                          |  |                 |  |  |                 |  |                                      |  |  |  |
| <p>Name and address of Requester (destination for the report)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Department</td><td></td></tr> <tr><td>Address</td><td></td></tr> <tr><td>Postcode</td><td></td></tr> <tr><td>Tel:</td><td></td></tr> <tr><td>FAX:</td><td></td></tr> <tr><td>Email:</td><td></td></tr> </table>  | Department                   |  | Address      |  | Postcode   |           | Tel:    |            | FAX:         |                 | Email:      |  | <p><b>Comments and Clinical History</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 100px;"></td></tr> </table> |  |                          |  |                 |  |  |                 |  |                                      |  |  |  |
| Department  |                              |  |              |  |  |           |         |            |              |                 |             |  |   |  |                          |  |                 |  |  |                 |  |                                      |  |  |  |
| Address   |                              |  |              |  |  |           |         |            |              |                 |             |  |   |  |                          |  |                 |  |  |                 |  |                                      |  |  |  |
| Postcode  |                              |  |              |  |  |           |         |            |              |                 |             |  |   |  |                          |  |                 |  |  |                 |  |                                      |  |  |  |
| Tel:  |                              |  |              |  |  |           |         |            |              |                 |             |  |   |  |                          |  |                 |  |  |                 |  |                                      |  |  |  |
| FAX:  |                              |  |              |  |  |           |         |            |              |                 |             |  |   |  |                          |  |                 |  |  |                 |  |                                      |  |  |  |
| Email:  |                              |  |              |  |  |           |         |            |              |                 |             |  |   |  |                          |  |                 |  |  |                 |  |                                      |  |  |  |
|   |                              |  |              |  |  |           |         |            |              |                 |             |  |   |  |                          |  |                 |  |  |                 |  |                                      |  |  |  |
| <p>Name of sender</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Sender contact telephone no.</td><td></td></tr> <tr><td>Sender email</td><td></td></tr> </table> <p>Send invoice to:</p> <p style="font-size: small;">(This information must be provided by non-UK users)</p>  | Sender contact telephone no. |  | Sender email |  | <p>IBGRL use only:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Date rec:</td><td></td></tr> <tr><td>Sample ID:</td><td></td></tr> <tr><td>Hematos barcode</td><td></td></tr> </table> | Date rec: |         | Sample ID: |              | Hematos barcode |             |  |   |  |                          |  |                 |  |  |                 |  |                                      |  |  |  |
| Sender contact telephone no.  |                              |  |              |  |  |           |         |            |              |                 |             |  |   |  |                          |  |                 |  |  |                 |  |                                      |  |  |  |
| Sender email  |                              |  |              |  |  |           |         |            |              |                 |             |  |   |  |                          |  |                 |  |  |                 |  |                                      |  |  |  |
| Date rec:   |                              |  |              |  |  |           |         |            |              |                 |             |  |   |  |                          |  |                 |  |  |                 |  |                                      |  |  |  |
| Sample ID:  |                              |  |              |  |  |           |         |            |              |                 |             |  |   |  |                          |  |                 |  |  |                 |  |                                      |  |  |  |
| Hematos barcode   |                              |  |              |  |  |           |         |            |              |                 |             |  |   |  |                          |  |                 |  |  |                 |  |                                      |  |  |  |

The Requester address including department, postcode, telephone number and email address must be included here in clear print, this is where the report will be sent. **International Users: please include international dialling code with telephone number**

This page to be completed by requester and to accompany the sample