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

**Guidance for completion of Molecular Diagnostics Request Form FRM4739**

**Patient details**
- **Surname**
- **First name**
- **Date of birth**
- **NHS No.**
- **Hospital no.**
- **Sample date**
- **Weeks gestation (EDD)**

**Fetal sex typing from maternal blood**
- **Sample type**: 80ml EDTA blood
- **Sample instructions**: Do not send DNA sample from plasma

**Requester details**
- **Address**: includes department, postcode, telephone number, email address

**Comments and Clinical History**

**Name and address of Requester (destination for the report)**
- **Department**
- **Address**
- **Postcode**
- **Tel.**
- **Fax.**
- **Email:**

**Name of sender**
- **Sender contact telephone no.**
- **Sender email**
- **Send invoice to:**

(This information must be provided by non-UK users)

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

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**INFORMATION DOCUMENT INF1342/1**

Effective: 01/02/17

Author(s): Laura Johnson

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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.

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.