

Guidance for completion of RCI Reference Request Form 1A

Request for Reference Serology 1A NHS Blood and Transplant

Red Cell Immunohaematology

Please see reverse for samples required
Place correctly labelled samples in bag, remove protective strip, fold onto bag and seal firmly

At least three points of matching identification must be used on forms and sample tubes (see over)

Please do not use this form for routine antenatal requests

Please write clearly inside text boxes, one character per box and mark option boxes as appropriate

TEAR HERE

Please complete all sections fully. Urgent requests MUST be telephoned.

PATIENT DETAILS		NHS No.	
NHSBT No.			
Surname			
First name			
DOB		Gender (M/F)	Ethnic origin code (see reverse)
First line of address			
Post code		EDD (If pregnant)	
Hospital number		Hospital sample number	
HOSPITAL & REQUESTER DETAILS			
Full Hospital name			
Hospital (NHS code)		Consultant	
Contact name			
Phone		Bleep	
Paternal or cord samples: Please give details of linked antenatal patient:		NHS / NBS number	
Name:		Date of birth:	

A NHS Number (or hospital number) is essential for any crossmatch request

Please see codes listed on reverse of request form and supply if possible

You have been provided with this 5 character code. It is variously known as NHSIA / NACs or ODS code. It is **not** the 4 character hospital code used on component request forms.

Please provide full name of hospital as abbreviations can be confusing and are not unique IDs

Please give the best clinical contact for NHSBT clinician to discuss this patient

CLINICAL AND LABORATORY DETAILS

CROSSMATCH REQUEST		INVESTIGATIONS REQUESTED
No. units required	<input type="checkbox"/> Date & time required	
Special requirements: (e.g. CMV neg, irradiated)		
REFERRING LABORATORY'S FINDINGS		YOUR RESULTS (state technique(s) & date tested)
Blood group:	DAT:	Antibody screen:
Sample date		Ab ID:
		Other results:
DIAGNOSIS & CLINICAL HISTORY		
Diagnosis:		Hb & date:
Previous transfusion? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, date of most recent:	
Anti-D Ig (Dose & date given):		
Signature	Date	
NHSBT USE		NHSBT Sample number
No. samples received:	Date received:	

Please phone your local RCI department to discuss all crossmatch requests

Date on sample submitted with this form for investigation. Must include year, e.g. 14/05/10, not just 14/05.

Please give details of your results and techniques used. This information will help inform our investigation. Any known previous antibodies is helpful

If patient has received ABO / Rh mismatched blood, this information would be useful

i.e. Most recent dose and date during this pregnancy

Please sign the form, this is a requirement (BCSH / CPA)