

Guidance Notes: FRM559



Request for HLA Selected Products – Second and Subsequent Orders

USE BLOCK CAPITALS & DO NOT USE INITIALS OR ABBREVIATIONS

This form is to be used to request further HLA selected components for named patients ONLY.
FRM559 is the formal record of the order, as required by the MHRA.

HLA selected products are sourced from across the NHSBT network, in order for your H&I laboratory to obtain the best unit and outcome for your patient please order at the earliest opportunity. NHSBT will endeavour, but cannot guarantee, to meet preferred delivery requirements.

FORM FRM559/1.8 Effective: 14/03/2016
Request for HLA Selected Products - Second and Subsequent Orders:

For all first requests contact the appropriate lab by phone

HLA or HLA & HPA selected products e.g. for refractory patients
Routine & urgent requests in lab hours (9:00 – 17:00) - Fax & Phone H&I Laboratory
North - Sheffield (Fax 0114 358 4850, Phone 0114 358 4806)
South - Colindale (Fax 020 8957 2973, Phone 020 8957 2814)

Hyperconcentrated units use FRM003 or FRM004, for HPA 1A3b neg neonatal units
in lab hours (9:00 – 17:00) Filton H&I on Fax 0117 912 5731, Phone 0117 912 5728

Out of hours clinical urgent requests only - Fax and Phone Local Hospital Services Department

Receipt of this fax must be confirmed by telephoning the relevant NHSBT department
Please note these products are non standard but NHSBT will endeavour to deliver by the date/time required or inform the requester of any delay. Please give as much notice as possible when requesting these products – at least 24 hours notice for routine orders.
Completion of boxes with * is required by NHSBT.

* Surname: _____ * Forename: _____
* NHS No. _____
* DOB: ____/____/____ * ABO Rh Group _____ * Gender: Male Female
* Full Hospital Name, Town: _____
Hospital No. _____ Ward _____ Consultant _____
If NHS No. not available: Hospital No. MUST be provided

* Component Details:
Plt.lets CMV Neg Neonatal Red Cells
PAS HEV Neg Vol. ____ml If yes, phenotype: _____

ORDER / STANDING ORDER NB: For blue light orders, please state the latest time required

DELIVERY mode light Ad hoc Routine Collect

	MON	TUES	WED	THURS	FRI	SAT	SUN
No. of units							
Delivery date							
Delivery time							
Transfusion date							
Transfusion time							

Standing Order - NB Maximum period one month after which request MUST be reviewed
Start Date: ____/____/____ End Date: ____/____/____

REQUESTED BY * Print name: _____ * Signature: _____
Contact details: _____ Date and time of request: ____/____/____

AMENDMENT TO ORDER
Discussed with: _____ Signature _____ Date ____/____/____

Cross-Referenced in Primary Document: MF304 & SOP304 (Template Version 07/09/99) Page 1 of 1

Enter FULL HOSPITAL NAME, include the Town / City

Initial requests must be made by phone to your local H&I lab

PATIENT DETAILS
- Minimum of THREE points of I.D.
NHS Number
Forename and Surname
Date of Birth

Enter requirements, additional requirements can reduce options for the best selection

Insert preferred mode of delivery

One-off or standing order?

Enter NO. OF UNITS, delivery date and time

Enter standing order START / END DATES – N.B. REVIEW MONTHLY

Enter DATE & TIME of transfusion if known

PRINT contact details

SIGN & DATE the request

For amendments to arranged orders only

Histocompatibility and Immunogenetics Laboratory			Telephone	FAX
North	Sheffield	Longley Lane, Sheffield, S5 7JN	0114 358 4806	0114 358 4850
South	Colindale	Charcot Road, Colindale, London, NW9 5BG	020 8957 2814	020 8957 2973
HPA	Filton	500 north Bristol Park, Northway, Filton, Bristol, BS34 7QH	0117 912 5728	0117 912 5731