

Place labelled specimen in bag, remove protective strip, fold flap onto bag and seal firmly.

IMPORTANT: Three concordant points of identification must be used on **this form** and **all samples**.
 Failure to adequately complete the essential information may result in samples not being tested. Please ensure adequate fresh samples are sent.

Essential information is in BLACK and should be completed in BLOCK CAPITALS.

Person Details

Surname

First Name

DOB (DD/MM/YY) / /

NHS No.

Patient Family member / potential donor
 NHS Non NHS Male Female

Hospital No.

Referral Lab No.

Address (including Postcode).....

Ethnicity: White Black Asian Mixed
 Other.....

CMV Status: Pos Neg Don't know
 Date tested / /

WBC x 10⁹/l Date / /

Time to transplant

Known risk: Yes No Don't know
 Please specify.....

For potential sibling transplants please indicate no. of siblings available for testing Total

Referring Hospital

Full Hospital Name

Town/City

ODS Code*

Department

Address label can be used here, include country if outside UK.

Consultant.....

Name of Requester

Signed

Date (DD/MM/YY) / /

Contact No.

Copy report(s) to be addressed to:

ODS code* / Department (if different to above)

Sample date (DD/MM/YY) / /

Sample time (if relevant) :

Sample type (if not peripheral blood).....

Diagnosis / Treatment / Test Reason / Relevant Clinical Information

For Family Members / Potential Donors only
 (If from a patient please leave this section blank)
 A separate form **must** be completed for each individual.

Relationship to patient.....

Patient's Name

Patient's DOB (DD/MM/YY) / /

Male Female

Patient's NHS No.

Patient's Hospital No.

Test Request Please telephone the laboratory if the results of these investigations are required urgently. Please ship all samples at ambient temperature. Please tick box(es) and supply information as required.

Blood Grouping. Testing performed by NHSBT RCI
 ABO Rh D (6ml EDTA)
 Refer to MPD637 for RCI sample labelling requirements (<http://tinyurl.com/RCI-MPD637>)

HLA Typing (6ml EDTA*)
 HLA Class I type
 HLA Class II type

HLA Specific Antibody Testing
 HLA specific antibody screen (6ml Clotted)

Chimerism Analysis
 Total / Whole Blood (6ml EDTA*)
 Lineage specific (6 ml EDTA*) Please specify.....

* Depending on WBC count. Please contact the laboratory for advice when the count is below 2 x 10⁹/l.

Volunteer Donor Search
 Do you require a volunteer donor search if no family match?
 Yes No

Crossmatching
 Crossmatching required Yes No
 If yes, please discuss with H&I Consultant.

Further copies of this form can be obtained from: <http://tinyurl.com/h-i-forms>

NHSBT use only

ISBT 128 label (Molecular)	ISBT 128 label (Serological)	Samples Received	Date Received
		<input type="checkbox"/> EDTA	
		<input type="checkbox"/> Clotted	
		<input type="checkbox"/> Other	

FRM1010/3

For Your Information: Please ship all samples at ambient temperature

All samples must be appropriately addressed – Marked **“H&I - Diagnostic Specimens”**

NHSBT CENTRE	ADDRESS	Phone - LAB	FAX	OUT OF HOURS
Birmingham	Vincent Drive, Edgbaston, Birmingham, B15 2SG	0121 278 4179	0121 278 4110	0121 278 4037
Filton	500 North Bristol Park, Northway, Filton, Bristol, BS34 7QH	0117 912 5733	0117 912 5731	0117 912 5724
Colindale	Charcot Road, Colindale, London, NW9 5BG	020 8957 2923	020 8957 2973	020 8957 2800
Newcastle	Holland Drive, Barrack Road, Newcastle upon Tyne, NE2 4NQ	0191 202 4410	0191 202 4564	0191 202 4500
Sheffield	Longley Lane, Sheffield, S5 7JN	0114 358 4839	0114 358 4850	0114 358 4817 / 4832
Tooting	Cranmer Terrace, Tooting, London, SW17 0RB	020 3123 8347	020 3123 8457	020 3123 8352

Other H&I test request forms

H&I diagnostic testing Please use form: 3A

Platelet immunology Please use form: 3D

Organ transplantation Please use form: 3B

Granulocyte immunology Please use form: 3E

Haematopoietic stem cell transplantation Please use form: 3C [This form]

Consent

Unless written notice is received consent for both investigations and the use of any surplus sample in scheduled purposes (quality control, staff development or ethics committee approved research) will be assumed.

IMPORTANT: Sample labelling / completion of request form

Three points of identification must be used on the form and on the sample tubes (tube and form details must agree):

1. Forename AND surname
2. Date of birth
3. NHS number (essential where available, if not available another unique identifier must be supplied)

For pretransfusion testing the samples tubes must be signed and dated.

Please see document MPD1108 "*H&I Requirements for Sample Labelling and Request Form Completion*" at <http://tinyurl.com/h-i-forms> for details.

In general, smaller volumes are permissible in infants - please contact your laboratory for help and advice.

Blood sample storage & transportation

Urgent samples must be marked urgent and discussed with the appropriate laboratory before dispatch.

Samples should be transported at ambient temperature and delivered to the laboratory in a timely manner preferably within 24 hours of collection. Prior to transportation, samples can be stored at 4°C before shipping. Samples that are sent to NHSBT must be packaged in accordance with EU Carriage of Dangerous Goods regulations and IATA regulations.

Further information

For other enquiries, please contact your laboratory for help and advice.

NHSBT H&I information can be found at http://hospital.blood.co.uk/diagnostic_services/handi/index.asp

*ODS code refers to the NHS Hospital location code, previously known as the NACS organisation code or NHSIA location code eg RJ701 or RQ8MY.