

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

3D

HISTOCOMPATIBILITY & IMMUNOGENETICS

NHS

Blood and Transplant

Platelet Immunology

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.

Male Female
 NHS Non NHS

Hospital No.

Referral Lab No.

Address (including Postcode).....

.....

Ethnicity: White Black Asian Mixed

Other.....

Known risk: Yes No Don't know

Please specify.....

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 reports to be

addressed to:

ODS code* / Department

(if different to above).....

Sample date (DD/MM/YY) ___/___/___

Sample time (if relevant) ___ : ___

Diagnosis / Treatment / Test Reason / Relevant Clinical Information

Test Request Please ship all samples at ambient temperature.

Please tick box(es) and supply information as required. Sample requirements are shown overleaf.

Fetal/Neonatal Alloimmune Thrombocytopenia (NAIT):

A separate form **must** be completed for each individual.

Date of delivery*/EDD*: ___/___/___

Length of gestation: ___/40 weeks

Neonatal platelet count: ___ x10⁹/l

Maternal platelet count: ___ x10⁹/l

NAIT partner*/child* of (mother's name):

.....

DOB: ___/___/___ NHS*/Hosp. No.*

*Delete as appropriate.

Platelet Transfusion Refractoriness:

Investigation of Platelet refractoriness due to **HPA**.

N.B. HLA antibody investigation must be carried out first.

HPA type HPA antibody screen

For HLA testing please use form 3A.

Autoimmune Thrombocytopenia*:

Platelet count: ___ x10⁹/l Date taken ___/___/___

Date of last platelet transfusion ___/___/___

*Samples must be <72hrs old when received in the lab.

Discuss with the laboratory before dispatch (see overleaf).

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

Heparin Induced Thrombocytopenia (HIT):

Date Heparin started: ___/___/___

Initial platelet count: ___x10⁹/l Current platelet count: ___x10⁹/l

Date of last platelet / blood transfusion: ___/___/___

Probability of HIT (4T score - see reverse**)

Contact name:.....

Contact phone number:.....

Other drug induced antibody mediated thrombocytopenias:

Platelet count:___x10⁹/l Date drug started___/___/___

Identify the implicated drug(s). Samples of the drugs **MUST** be sent with the specimen.

Drug name(s)

Post Transfusion Purpura (PTP)

Date of Tx: ___/___/___ No. of units given: ___

Pre transfusion platelet count:___ x10⁹/l

Post transfusion platelet count:___ x10⁹/l

Platelet membrane glycoprotein estimation

Glanzmann's Bernard Soulier syndrome Other

DNA analysis of thrombasthenias

Discuss with the laboratory before dispatch (see overleaf).

NHSBT use only

ISBT 128 label
(Molecular)

ISBT 128 label
(Serological)

Samples Received

Date Received

EDTA
 Clotted
 Other

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
Filton	500 North Bristol Park, Northway, Filton, Bristol, BS34 7QH	0117 921 7372	0117 912 5731

Other test request forms

H&I diagnostic testing Please use form: 3A

Platelet immunology Please use form: 3D [This form]

Organ transplantation Please use form: 3B

Granulocyte immunology Please use form: 3E

Haematopoietic stem cell transplantation Please use form: 3C

Telephone reporting of HIT results

HIT results will ONLY be reported by telephone if contact details of the appropriate responsible person are provided. Please provide contact name and number overleaf.

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.

4T Score HIGH / INTERMEDIATE / LOW

** 4T evaluation score - refer to BCSH guidelines 'Management of HIT'

For current version please refer to <http://www.bcsghguidelines.com/index.html> (Click "View guidelines").

A score of 6-8 is associated with a high probability of HIT

A score of 4-5 is associated with an intermediate probability

A score of 0-3 means there is a low probability

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.

Sample requirements

NAIT: mother (6ml clotted & 6ml EDTA blood); father (6ml EDTA blood); baby (1ml EDTA).

Platelet transfusion refractoriness: 6ml clotted blood for HPA antibody screen; 6ml EDTA for HPA typing.

Autoimmune thrombocytopenia: 6ml clotted and 18ml EDTA blood. The platelet count of the patient should be $<100 \times 10^9/L$. These samples should not be refrigerated.

Heparin Induced Thrombocytopenia (HIT): 6ml clotted blood.

Other drug induced antibody mediated thrombocytopenias: 6ml clotted blood and a sample of the implicated drug(s) together with the pharmacological concentration used.

Post Transfusion Purpura (PTP): 6ml clotted & 6ml EDTA blood.

Platelet membrane glycoprotein estimation: Citrated blood from patient and a travelling control from an unrelated, normal individual. Please discuss all thrombasthenia cases, including requests for DNA analysis, in advance.

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 H&I laboratory in Filton in a timely manner preferably within 24 hours of collection and no later than 72 hours. 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 e.g. RJ701 or RQ8MY