

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

IMPORTANT: Three points of identification must be used on **this form** and **all samples**.
 Please use **BLOCK CAPITALS**.

Essential information included in this box must be completed, or the sample may not be tested.

<p>Patient/Donor Details (delete as applicable)</p> <p>A separate form must be completed for each individual</p> <p>Surname <input type="text"/></p> <p>Forename <input type="text"/></p> <p>NHS/CHI/HCS No. <input type="text"/></p> <p>NHS <input type="checkbox"/> Non-NHS/Private <input type="checkbox"/></p> <p>DOB <input type="text"/></p> <p>Sample Date <input type="text"/></p> <p>Sample type (if not peripheral blood)</p> <p>I acknowledge that by making this referral, I am agreeing to NHSBT's terms and conditions, subject to NHSBT's acceptance of the contents of this request form.*</p>	<p>Requester Details</p> <p>Name of Requester <input type="text"/></p> <p>Department</p> <p>Full Hospital Address and ODS code*</p> <p>.....</p> <p>Purchase Order No. (if applicable)</p> <p>Signature Date <input type="text"/></p>
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Sample time (time taken) :

Hospital number/Alternative ID

Male Female

Full address and postcode

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Name of Consultant

Contact No.

Additional copy of report(s) to:

Billing Name/address (if different from above)

.....

Complete for Patient only

CMV Status (please delete as applicable):
 Positive Negative Don't know

Date tested

Time to transplant

The total number of siblings available to be tested

Complete for Family Member / Potential Donor

Relationship to patient

Patient's Name

Patient's DOB

Patient's NHS No

Patient's Hospital No

Diagnosis / Treatment / Test Reason / Relevant Clinical Information

URGENT INVESTIGATIONS – Telephone the laboratory before sending any samples.

Send **ALL** samples at ambient temperature. Tick box(es) of test(s) required and supply relevant information as required.

HLA Typing (6ml EDTA*)

HLA Class I type HLA Class I and Class II type

HLA Specific Antibody Testing

HLA specific antibody testing (6ml clotted)

Chimerism Analysis

Total / Whole Blood (2 x 6ml EDTA*)

Lineage specific (10ml EDTA*) Please specify

Please specify sample source

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

NHSBT use only

FRM1010/4	ISBT 128 label (Molecular)	ISBT 128 label (Serological)	Number of each sample received	Signature
			<input type="text"/> EDTA <input type="text"/> Clotted <input type="text"/> Other	Date Received
			Comments:	

For Your Information: Send all samples at ambient temperature

Address all samples to **"H&I - Diagnostic Specimens"** and use the correct address for the laboratory.

NHSBT CENTRE	ADDRESS	Phone - LAB	OUT OF HOURS
Barnsley	Barnsley Blood Centre (Unit D), Capital Way, Dodworth, Barnsley, S75 3FG	01226868241	01226 86 8061
Birmingham	Vincent Drive, Edgbaston, Birmingham, B15 2SG	0121 278 4108	0121 278 4037
Filton	500 North Bristol Park, Northway, Filton, Bristol, BS34 7QH	0117 912 5733	0117 912 5724
Colindale	Charcot Road, Colindale, London, NW9 5BG	020 8957 2923	020 8957 2800
Newcastle	Holland Drive, Barrack Road, Newcastle upon Tyne, NE2 4NQ	0191 202 4410	0191 202 4500
Tooting	Cranmer Terrace, Tooting, London, SW17 0RB	020 3123 8347	020 3123 8352

Other H&I test request forms

3A	Platelet Refractoriness / Transfusion Reactions
3B	Organ Transplant (Patients & Donors)
3C	Haematopoietic Stem Cell Transplantation (Recipients & Donors)

3D	Platelet Immunology
3E	Granulocyte Immunology
3F	Disease Association / Drug Hypersensitivity / H&I Research

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/CHI/HCS No. (essential where available; if not available another unique identifier must be supplied). For pre-transfusion testing the sample tubes must be signed and dated.

Further copies of this form and MPD1108 "*H&I Requirements for Sample Labelling and Request Form Completion*" can be obtained from: <http://tinyurl.com/h-i-forms>.

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

Blood sample integrity, 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 to ensure sample age is not a limitation factor for testing. Acceptance limits for sample age can be obtained from INF136 "*H&I User Guide*" <https://tinyurl.com/y6r4z5dw>.

Prior to transportation, samples can be stored at 4°C before sending. Samples that are sent to NHSBT must be labelled and packaged as Biological Substance Category B, UN 3373 and must meet PI650. Please contact your local H&I laboratory for help and advice.

Further information

All information provided to NHS Blood and Transplant is used in accordance with the General Data Protection Regulation (GDPR) and all other applicable privacy legislation. For more information on how we look after personal details or to find out more about privacy rights visit www.nhsbt.nhs.uk/privacy or call 0300 123 23 23.

NHSBT is committed to keeping data safe and confidential.

NHSBT H&I information can be found at <https://tinyurl.com/y4xre49f>

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

* NHSBT terms and conditions <https://tinyurl.com/qlvpe54>