

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.

**Patient Details**

For NAIN cases: A separate form must be completed for each individual

Surname

Forename

NHS/CHI/HCS No.

NHS

Non-NHS/Private

Mother

Father

Child

DOB

DDMMYY

Sample Date

DDMMYY

Sample type (if not peripheral blood)

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.\*

**Requester Details**

Name of Requester

Department

Full Hospital Address and ODS code†

Purchase Order No. (if applicable)

Signature

Date

DDMMYY

Sample time (time taken)

Hospital number/

Alternative ID

Male

Female

Full address and postcode

Name of Consultant

Contact No.

Additional copy of report(s) to:

Billing Name/address (if different from above)

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.

☐ **Neonatal Alloimmune Neutropenia (NAIN):**

Date of delivery/EDD

Length of gestation

Neonatal neutrophil count

Maternal neutrophil count

Mother's name

DOB

NHS/Hospital No

☐ **Infant Autoimmune Neutropenia**

Neutrophil count

If > 2.0x10<sup>9</sup>/l give reason for testing

☐ **Adult Autoimmune Neutropenia:**

Neutrophil count

If > 2.0x10<sup>9</sup>/l give reason for testing

Indicate if Primary/Secondary

Diagnosis

☐ **Drug-Induced Antibody-Mediated Neutropenia**

Sample(s) of the drug(s) must be sent with the specimen

Please discuss ALL cases with the laboratory prior to taking samples.

Neutrophil count

Date drug started

Drug name(s)

**NHSBT use only**

ISBT 128 label (Molecular)

ISBT 128 label (Serological)

Number of each sample received

EDTA

Clotted

Other

Comments:

Signature

Date Received

FRM1001/4

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

## Other H&I test request forms

3A	Platelet Refractoriness / Transfusion Reactions	3D	Platelet Immunology
3B	Organ Transplant (Patients & Donors)	3E	Granulocyte Immunology
3C	Haematopoietic Stem Cell Transplantation (Recipients & Donors)	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>.

## Sample requirements

**NAIN:** mother (6ml clotted & 6ml EDTA blood); father (6ml EDTA blood); baby (1ml EDTA)

**Infant autoimmune neutropenia:** 2ml clotted and 2ml EDTA blood. The neutrophil count of the patient should be  $<2 \times 10^9/L$ .

**Adult autoimmune neutropenia:** 6ml clotted blood. The neutrophil count of the patient should be  $<2 \times 10^9/L$ .

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

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 Filton H&I laboratory before dispatch.**

Anticogulated blood samples for HNA phenotyping and crossmatching **must** be treated as urgent samples, stored and transported at ambient temperature and arrive within 24 hours of venesection. Samples for all other investigations can be stored at 4°C prior to dispatch. Samples will not be tested if they are greater than 5 days old when they reach the laboratory. Acceptance limits for sample age can be obtained from INF136 "*H&I User Guide*" <https://tinyurl.com/y6r4z5dw>.

Samples that are sent to NHSBT must be labelled and packaged as Biological Substance Category B, UN 3373 and must meet PI650.

## 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](http://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 e.g. RJ701 or RQ8MY.

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