

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.

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
HLA	Colindale	Charcot Road, Colindale, London, NW9 5BG	020 8957 2814	020 8957 2973