NHS Blood and Transplant

Effective date: 26/01/2022

INTERNATIONAL BLOOD GROUP REFERENCE LABORATORY

Request for genotyping

Sample details		Genotype requested (tick boxes)			
Surname		Rh D	☐	Jk^a	☐
First name		Rh C	☐	Jk^b	☐
Date of birth		Rh c	☐	M	☐
NHS no.		Rh E	☐	N	☐
Hospital no.		Rh e	☐	S	☐
Sample date		K (KEL1)	☐	s	☐
Sample number		k (KEL2)	☐	*RHD* zygosity	☐
Known infectious risk?		Fy^a	☐	Other (state)	☐
Ethnic origin		Fy^b	☐		
Gender		Sample enclosed (tick boxes) EDTA blood ☐ Other tissue (please state) ☐ *Ship at ambient temperature*			
Transplant recipient?	☐ No ☐ Yes ☐Auto ☐ Allo				
Urgency (please tick): 48 hr ☐ Premium charge incurred for 48 hr turnaround Routine ☐					
Clinical details / transfusion history / reason for referral Antibodies present		Please send samples to: Molecular Diagnostics International Blood Group Reference Laboratory NHS Blood and Transplant North Bristol Park Filton BS34 7QH Tel: 0117 921 7572 FAX: 0117 912 5782 Email: molecular.diagnostics@nhsbt.nhs.uk			
Requester Details- *destination of report* (do not abbreviate) - Name: Full Hospital Name: Hospital NHS Code* (*ODS code): Address: Tel: FAX: Email (*for NHSBT contact purposes only*) :		**IBGRL use only:** **Date rec:** **Sample ID:**			
Sender, if different to requester (please print clearly): Name: Invoice to:		Hematos barcode			

Terms and Conditions

Our investigations require testing of an individual's DNA, and storage for possible testing or quality assurance purposes in the future. All genetic testing requires informed consent, and it is the responsibility of the requester to ensure this is obtained. NHSBT will assume that consent has been obtained prior to referral to our laboratories.

By signing and submitting this Referral Form to NHSBT the Purchaser is acknowledging that the NHSBT Terms and Conditions apply to this Referral. Where the contracting party has a Service Level Agreement with NHSBT which includes the provision of IBGRL services then the Service Level Agreement shall take precedence, and all provisions of that Agreement and subsequent amendments will apply in full

(1) NHS Blood and Transplant a Special Health Authority established under SI 2005 No 2529 of 500 North Bristol Park, Filton ("**NHSBT**"); and
(2) Company Name: (as above) (The "**Purchaser**")

Requester Signature:	**Date:**