

INF1341/2.1 – Guidance for completion of Molecular Diagnostics Request Form FRM4738



Blood and Transplant

Copy No:

Effective date: 26/01/2022

A minimum of three points of ID are required on both the sample and the accompanying form.

INTERNATIONAL BLOOD GROUP REFERENCE LABORATORY Request for genotyping

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

An NHS number or other unique identifier such as hospital number or sample number **must** be included on both the form and sample tube.

If the patient has received a transplant this box must be ticked, including type of transplant. Add date of transplant in clinical details section.

Please contact the laboratory before sending samples requiring 48-hour turnaround time.

The full hospital name must be included, **please do not abbreviate.**

Please include address, postcode, telephone number and email in clear print.

Only tick the genotyping tests you require, do not tick all boxes. Please indicate if any additional genotypes are required which are not stated in the space available.

Contact laboratory or refer to User Guide INF1135 if you required tests not listed on the request form.

Indicate what type of sample has been sent, see User Guide INF1135 for sample requirements.

Please include an address for the invoice to be sent to, this is essential for all non-UK users.

Requesters who have not signed a contract with NHSBT must sign here, samples will not be tested until a signed form is received.

Samples for HGP should be requested using FRM1597 (request form for reference serology A1)