

INTERNATIONAL BLOOD GROUP REFERENCE LABORATORY
Request for fetal blood group genotyping from maternal blood

Please use block capitals and complete all sections. Please see [page 2](#) for sample and transport requirements

Patient Details <i>(essential details *)</i>	
Surname *	
First name *	
Date of birth *	
Hospital number *	
NHS number <small>(* UK customers only)</small>	
Hospital sample ID *	
Sample date *	
Gestation / EDD *	
Multiple pregnancy *	Yes <input type="checkbox"/> / No <input type="checkbox"/>
Ethnic origin of patient	
Blood group of patient	
Ethnic origin of partner	
Blood group of partner	
Known risk of infection?	Yes <input type="checkbox"/> / No <input type="checkbox"/>

Maternal Antibodies	Present	Level
Anti-D		
Anti-C (big C)		
Anti-E		
Anti-c (little c)		
Anti-K		

Diagnosis and Clinical History

Test Required	Sample Sent
RhD (from 16 weeks gestation)	16ml maternal EDTA blood <i>(per test requested)</i>
RhC (from 16 weeks gestation)	3ml EDTA blood partner - RhD request only <i>(Optional)</i>
RhE (from 16 weeks gestation)	Ship at ambient temperature, to arrive within 48 hours for K typing, other tests within 72 hours of venepuncture
Rhc (from 16 weeks gestation)	
K (Kell) (from 20 weeks gestation)	Frozen maternal plasma on dry ice <i>(see INF1291)</i>

Requester Details <i>(destination for report) *DO NOT USE ABBREVIATIONS / ACRONYMS</i>	
Full hospital name*	Name of Requester (for the report)
Department	Sender telephone number / email <i>(For NHSBT contact purposes only)</i>
Address	Send invoice to: (This must be provided by non-UK customers)
Postcode	
Tel	
Fax	
Email <i>(For NHSBT contact purposes only)</i>	

Terms and Conditions		
<p>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.</p> <p>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</p> <p>(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")</p>		
<table border="0"> <tr> <td>Requester Signature:</td> <td>Date:</td> </tr> </table>	Requester Signature:	Date:
Requester Signature:	Date:	

NHSBT USE ONLY	
<i>Hematos Barcode</i>	<i>Number of samples received:</i>
	<i>Date received:</i>
	<i>Sample ID:</i>

User information - Sending samples for fetal blood group genotyping from maternal blood

Sample Requirements (please see User Guide (INF1135) for full sample labelling and form completion requirements accessed via www.ibgrl.blood.co.uk)

1. **16ml maternal blood** collected in EDTA tube (pink or purple top tubes).
2. This service should be used only for pregnancies which have progressed to at least **16 weeks for testing for RhD, Rhc, RhE and RhC or 20 weeks for Kell.**
3. The sample tube **must not be opened following blood collection.**
4. The sample **must not be used for any testing prior to being sent to NHSBT.**
5. The sample tube **must be stored at room temperature.**
6. The sample tube **must be labelled** with the following information:
 - a. **Three unique sample identifiers** including: first name and surname, date of birth, and NHS or hospitals number (please note these must be identical to the request form).
 - b. Samples **MUST** be labelled, **dated and signed by the person** taking the sample(s).
7. Labels pre-printed prior to phlebotomy (e.g. *Addressograph labels*) are **not acceptable** on samples. They are, however, acceptable on request forms providing they do not obscure other vital details.
8. Samples **must have handwritten labels** unless **demand printed labels are produced at the time of phlebotomy.** NHSBT **must** be informed in writing if demand printed labels are in use
9. Hand-written alterations on either the sample or request form may make the sample invalid for testing. Any minor alterations must be initialled by the person taking the sample to be acceptable for testing.

Transport (please see User Guide (INF1135) for full transport requirements accessed via <http://ibgrl.blood.co.uk>)

1. The Sender must place all samples in a suitable container along with the referral form.
2. The outer container must include the name/address of the sender and must be clearly marked:
3. The sample **MUST** reach the laboratory **within 3 days of venepuncture for all tests other than Kell. Samples sent for fetal Kell genotyping must arrive within 2 days of venepuncture.**

Samples must reach the laboratory in time to be processed during laboratory working hours within set time limits after venepuncture. The normal laboratory working hours are Monday to Friday, 09:00 – 17:00.

Samples sent from outside the UK

Where it is not possible to send whole blood samples within the required timeframe, **by prior arrangement with IBGRL** frozen aliquots of processed plasma may be sent on dry ice. Plasma must be processed according to INF1291 (see IBGRL website for details).

Send samples to:

**Molecular Diagnostics
International Blood Group Reference Laboratory
NHS Blood and Transplant
500 North Bristol Park, Filton,
United Kingdom
BS34 7QH**

**Tel: +0044 (0)117 921 7572
FAX: +0044 (0)117 912 5782**

Email: molecular.diagnostics@nhsbt.nhs.uk