

# INF417/2 – Guidance for completion of RCI Reference Request Form 1A

NHS

Blood and Transplant

Copy No:

Effective date: 30/03/2022

Please print inside the boxes provided. Use 'DD/MM/YY' format for dates and mark with an 'x' in option boxes not a '✓'.

Please send only the required number of sample tubes needed for our investigations. This is highlighted below.

## RCI Request Form

NHS

Blood and Transplant

2 EDTA samples are required for all serological investigations failure to comply could result in an incomplete investigation

You have been provided with this 5-character code. It is known as NHSIA/ NACs or ODS code. It is **not** the 4-character hospital code used for component requests.

Please use this space for out-of-hours bleep numbers as well.

Please see codes listed on reverse of request form and supply, if possible.

New section, please tick 1 box only.

**REMEMBER!** Phone your local RCI department to discuss **all** urgent crossmatch requests. Write the number of units in the box provided.

This section has been added and the information will inform our reporting comments and requests for follow up samples.

The information provided in this section is very useful and helps to inform our investigations.

Please ensure all request forms are signed and dated. This a requirement of BSH/ISO15189.

Please provide full name of hospital as abbreviations can be confusing and are not unique IDs.

Date sample taken **must** be provided for all referrals. Time sample taken is **essential** for pre-transfusion samples.

This box addition is for the referral of transplant-associated donor samples. Only ABO & D typing will be performed. The NHSBT H&I report issued will feature the incorporated result.

**Urgent requests MUST be telephoned.**

### \*Hospital and requestor details

Full Hospital name

Hospital (NHS code)

Contact Phone number for queries

Sample: Date

Hospital sample ID number

Sample: time taken

Space for addresses is now located on the back of the form.

Please provide this information. Enter U/K if unknown.

### \*Patient details

Surname

First Name

DOB

NHS No\*

Hospital Number

\*If unavailable for private or paternal samples please complete address on reverse of form

Please place sticker within the dotted line

M

F

Other

Ethnic code

Patient

Donor

EDD

Please detail here any additional tests required. Also use this box to indicate if investigation is for a neonate/baby.

### \*Investigations requested:

Antenatal

Reference

FMH

Crossmatch

Paternal

Please select investigation required. Please use X ☐ not ☐

Additional tests

Please **do not** use 'ASAP'! Doing so creates difficulties in work prioritisation, management and transportation.

### Crossmatch Request

Number of crossmatched units required?

Date & time

Special requirements: (e.g. CMV neg, irradiated)

### \*Clinical details (Antenatal) Prophylaxis within the last 6 months? Please use X ☐ not ☐

Not Known

No

Yes

If yes; Date

28-week antibody screen result

Pos

Neg

and Dose

\*Paternal or cord samples: Please give details of linked antenatal patient:

Name:

Date of birth:

NHSBT/NHS number

When requesting units, please add any special requirement needed, e.g. "IUT" or "<7 days old".

### \*Clinical details (Reference) Diagnosis:

Transfusion within the last 3 months?

Not Known

No

Yes

If yes, date of most recent:

Other relevant clinical information.

Please provide further details including antibodies specificity / techniques / bleed size if FMH / monoclonal antibody therapy / transplant history

Hb & date:

Providing recent date(s) and details of prophylaxis dosage(s) helps with our investigations.

### Referring Laboratory's findings:

Blood group

DAT

Antibodies

\*Signature

\*Date

NHSBT USE

Type of sample if not EDTA:

NHSBT sample number

Date / time sample received

Providing any recent date(s) and/or details of Hbs and transfusions aids our investigations.

Please give details of your results and techniques used, and any antibodies you have previously detected. This aids in informing our investigation and blood selection.

Controlled if copy number stated on document and issued by QA

(Template Version 03/02/2020)