|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Patient details** *(essential details \*)* | | |  | **Test Required** *(tick box)* | | | | | |
| Surname \* | |  |  | **Standard Genotype** – (Turnaround time 10 working days)  RhD, C, c, E, e, K/k, Fya/b, Jka/b, M/N, S/s, U-, Uvar | | | |  | |
| First name \* | |  |  |  | | | |  | |
| Date of birth \* | |  |  | **Extended Genotype** – (Turnaround time 10 working days)  RhD, C, c, E, e, V, VS, K/k, Kpa/b, Jsa/b, Fya/b, FyX, Jka/b, M/N, S/s, U-, Uvar, Lua/b, Dia/b, Coa/b, Doa/b, LWa/b, Sc | | | |  | |
| Hospital number \* | |  |  |  | | | |  | |
| NHS number  (\*UK Customers Only) | |  |  |  | | | |  | |
| Hospital Sample ID \* | |  |  | **Extended Genotype for Haemoglobinopathy Patients** – (Turnaround time up to **12 weeks**)  RhD, C, c, E, e, (including common RhD, C and e variants), V, VS, hrB, hrS, K/k, Kpa/b, Jsa/b, Doa/b, Fya/b, Jka/b, M/N, S/s, U-, Uvar | | | |  | |
| Sample date \* | |  |  |  | | | |  | |
| Gender at birth | |  |  |  | | | |  | |
| Ethnic origin | |  |  |  | | | |  | |
| Known infectious risk? | | Yes  No |  | ***RHD* zygosity** | | | |  | |
| Post-transplant recipient? | | Yes  ALLO  AUTO  No Transplant date: |  | **Other (state)** | | | |  | |
|  | |  |  |  | | | |  | |
| **Clinical Details/ Transfusion History/ Reason for referral/ Antibodies present:** | | |  | **Sample Sent** *(tick boxes)* | | | | | |
|  | | |  | EDTA blood  Other tissue  (please state): | | | | | |
|  | | |  | **Urgency** ***(See page 2 for urgent sample requirements)***  48 hr  **Standard Genotype Only (**Premium charge incurred)  Routine | | | | | |
|  | | |  |  | | | | | |
|  | |  |  |  | | | | |  |
| **Requester Details** *(destination for report) \* DO NOT USE ABBREVIATIONS / ACRONYMS* | | | | | | | | | |
| Requester Name |  | | | Telephone | | |  | | |
| Full Hospital Name \* |  | | | FAX | | |  | | |
| Hospital NHS Code (ODS code) |  | | | Email (for NHSBT contact purposes only) | | |  | | |
| Department  Address  Postcode |  | | | Sender if different to requester (please print clearly):  Name:  Invoice to: | | | | | |
| **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:** | | | | |
|  | | | | |  | | | | |
| ***NHSBT USE ONLY*** | | | | | | | | | |
| *Hematos Barcode* | | | | | *No. of samples received:* |  | | | |
|  | | | | | *Date Received:* |  | | | |
|  | | | | | *Sample ID:* |  | | | |
| **Sample requirements *(Please see User Guide (INF1135) for full sample labelling and form completion requirements accessed via https://ibgrl.blood.co.uk/)***   * **Accepted sample types**   + **Blood:** minimum 1.3mL EDTA blood stored at room temperature, received within 14 days of venepuncture.   + **Amniotic fluid:** 5ml sample of amniotic fluid stored at room temperature, received within 7 days of sampling.   To avoid the possibility of contamination, it is preferable to dispatch the amniotic fluid without transferring it to a second container. If amniotic fluid is transferred from one container to another, then precautions should be taken to avoid contamination with material containing exogenous DNA.   * + **Chorionic Villus** Pre-extracted DNA must be referred. DNA at a minimum concentration of 10ng/µL and a minimum volume of 60µL, can be sent at room temperature or frozen, received within 7 days of sampling.   The laboratory performing the DNA extraction should ensure that procedures are in place to prevent contamination of the DNA sample with extraneous DNA or other substances.   * All samples **must be labelled** with the following information:   1. **Three unique sample identifiers** including: first name and surname (one identifier), date of birth, NHS number, hospital number or unique identification number. Samples from donors will be accepted with a unique identification number (please note these must be identical to the request form).   2. Samples **MUST** be labelled, dated and signed by the person taking the sample(s). * Samples must have handwritten labels unless demand printed labels are produced at the time of phlebotomy. NHSBT must be informed if demand printed labels are in use by completing the on-line application form (*accessed via* ***https://ibgrl.blood.co.uk****).* * Handwritten 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. | | | | | | | | | |
| **Urgent Sample Requirements:**   * Standard red cell genotyping can be performed within 48hours with prior arrangement with Molecular Diagnostics. * Molecular Diagnostics **MUST** be notified in advance, either by email or telephone, of any urgent standard red cell genotyping. * An urgent premium charge will be applied. | | | | | | | | | |
| **Transport *(Please see User Guide (INF1135) for full transport requirements accessed via https://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 timeframe specified above.  Samples must reach the laboratory in time to be processed during laboratory working hours, the normal laboratory working hours are Monday to Friday 07:00-18:00, Saturday (limited service available) 07:00-16:00. | | | | | | | | | |
| **Send samples to:**  **Molecular Diagnostics**  **International Blood Group Reference Laboratory**  **NHS Blood and Transplant**  **500 North Bristol Park,**  **Filton,**  **BRISTOL,**  **United Kingdom**  **BS34 7QH**  **Tel: +0044 (0)117 921 7572**  **FAX: +0044 (0)117 912 5782**  **Email:** [**molecular.diagnostics@nhsbt.nhs.uk**](mailto:molecular.diagnostics@nhsbt.nhs.uk) | | | | | | | | | |