

# INF1341/2.2 – Guidance for completion of Molecular Diagnostics Request Form FRM4738



Blood and Transplant

Copy No:

Effective date: 26/07/2022

As a minimum **three points** of **matching identification** (full name, DOB, NHS number, hospital number or unique identification number) **must** be included on both the sample and accompanying form. The samples must be **signed** and **dated** by the person taking the blood. Please see User Guide (INF1135) for full details.

**Please note the request form is electronically editable**

**Essential details are highlighted with an \* -** please ensure these “essential detail” sections have been completed.

Tick here to show if patient has received a transplant. Indicate type and date of transplant if answer is yes.

Please include the **full name of the hospital**, department, address, postcode, telephone number and email in clear print.

Do not use abbreviations or acronyms as they may be interpreted incorrectly.

Tick here to show which test you would like us to perform. Refer to User Guide (INF1135) for tests not listed on referral form.

Indicate what type of sample has been sent. See reverse of form for sample requirements

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

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

INTERNATIONAL BLOOD GROUP REFERENCE LABORATORY																																	
Request for genotyping																																	
Please use block capitals and complete all sections. See page 2 for sample and transport requirements.																																	
<p><b>Patient details</b> (essential details *)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Surname *</td><td></td></tr> <tr><td>First name *</td><td></td></tr> <tr><td>Date of birth *</td><td></td></tr> <tr><td>Hospital number *</td><td></td></tr> <tr><td>NHS number (*UK Customers Only)</td><td></td></tr> <tr><td>Hospital Sample ID *</td><td></td></tr> <tr><td>Sample date *</td><td></td></tr> <tr><td>Gender at birth</td><td></td></tr> <tr><td>Ethnic origin</td><td></td></tr> <tr><td>Known infectious risk?</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr> <tr><td>Post-transplant recipient?</td><td><input type="checkbox"/> Yes <input type="checkbox"/> ALLO <input type="checkbox"/> AUTO <input type="checkbox"/> No Transplant date: _____</td></tr> </table> <p><b>Clinical Details/ Transfusion History/ Reason for referral/ Antibodies present:</b></p>	Surname *		First name *		Date of birth *		Hospital number *		NHS number (*UK Customers Only)		Hospital Sample ID *		Sample date *		Gender at birth		Ethnic origin		Known infectious risk?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Post-transplant recipient?	<input type="checkbox"/> Yes <input type="checkbox"/> ALLO <input type="checkbox"/> AUTO <input type="checkbox"/> No Transplant date: _____	<p><b>Test Required</b> (tick box)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>Standard Genotype</b> – (Turnaround time 10 working days) RhD, C, c, E, e, K/k, Fy<sup>a/b</sup>, Jk<sup>a/b</sup>, M/N, S/s, U-, U<sup>var</sup></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td><b>Extended Genotype</b> – (Turnaround time 10 working days) RhD, C, c, E, e, V, VS, K/k, Kp<sup>a/b</sup>, Js<sup>a/b</sup>, Fy<sup>a/b</sup>, Fy<sup>x</sup>, Jk<sup>a/b</sup>, M/N, S/s, U-, U<sup>var</sup>, Lu<sup>a/b</sup>, Dp<sup>a/b</sup>, Co<sup>a/b</sup>, Do<sup>a/b</sup>, LW<sup>a/b</sup>, Sc</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td><b>Extended Genotype for Haemoglobinopathy Patients</b> – (Turnaround time up to 12 weeks) RhD, C, c, E, e, (including common RhD, C and e variants), V, VS, hr<sup>S</sup>, hr<sup>S</sup>, K/k, Kp<sup>a/b</sup>, Js<sup>a/b</sup>, Do<sup>a/b</sup>, Fy<sup>a/b</sup>, Jk<sup>a/b</sup>, M/N, S/s, U-, U<sup>var</sup></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td><b>RHD zygosity</b></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td><b>Other (state)</b></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p><b>Sample Sent</b> (tick boxes)</p> <p>EDTA blood <input type="checkbox"/> Other tissue <input type="checkbox"/> (please state): _____</p> <p><b>Urgency</b> (See page 2 for urgent sample requirements)</p> <p>48 hr <input type="checkbox"/> <b>Standard Genotype Only</b> (Premium charge incurred)</p> <p>Routine <input type="checkbox"/></p>	<b>Standard Genotype</b> – (Turnaround time 10 working days) RhD, C, c, E, e, K/k, Fy <sup>a/b</sup> , Jk <sup>a/b</sup> , M/N, S/s, U-, U <sup>var</sup>	<input type="checkbox"/>	<b>Extended Genotype</b> – (Turnaround time 10 working days) RhD, C, c, E, e, V, VS, K/k, Kp <sup>a/b</sup> , Js <sup>a/b</sup> , Fy <sup>a/b</sup> , Fy <sup>x</sup> , Jk <sup>a/b</sup> , M/N, S/s, U-, U <sup>var</sup> , Lu <sup>a/b</sup> , Dp <sup>a/b</sup> , Co <sup>a/b</sup> , Do <sup>a/b</sup> , LW <sup>a/b</sup> , Sc	<input type="checkbox"/>	<b>Extended Genotype for Haemoglobinopathy Patients</b> – (Turnaround time up to 12 weeks) RhD, C, c, E, e, (including common RhD, C and e variants), V, VS, hr <sup>S</sup> , hr <sup>S</sup> , K/k, Kp <sup>a/b</sup> , Js <sup>a/b</sup> , Do <sup>a/b</sup> , Fy <sup>a/b</sup> , Jk <sup>a/b</sup> , M/N, S/s, U-, U <sup>var</sup>	<input type="checkbox"/>	<b>RHD zygosity</b>	<input type="checkbox"/>	<b>Other (state)</b>	<input type="checkbox"/>
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<p><b>Terms and Conditions</b></p> <p style="font-size: x-small;">Our investigations require testing of an individual's DNA, and storage for possible testing or quality assurance purposes in the future. A 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 IBCRL services then the Service Level Agreement shall take precedence, and all provisions of that agreement and subsequent amendments will apply in full.</p> <p style="font-size: x-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) <i>(Crossed Name (see above))</i> (The Laboratory)</p>																																	
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Non-NHS England requesters **MUST** sign and date the referral form to show acknowledgement of NHSBT Terms and Conditions.