# **RCI Request Form**



# **Blood and Transplant**

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

Samples will not be tested unless a minimum of three points of matching identification is used on both forms <u>and</u> sample tubes (see over)

All sections of the form marked \* must be completed. Please write clearly in capitals using BLACK ink.

Patient ID stickers may be used on the form. Place within the allocated dotted line indicated below. TEAR HERE				
Urgei	nt requests MUST be telep	honed.		
*Hospital and requestor details Full Hospital name				
Hospital (NHS code)	Hospital sample ID number			
Contact Phone number for queries	12 Hambor —			
Sample: Date D D M M Y Y		Sample: time taken H H : M M		
*Patient details				
Surname				
First Name				
DOB D M M Y Y Y	Y			
NHS No*  *If unavailable for private or paternal samples please complete address on reverse of form				
Hospital Please place sticker within the dotted line				
	er Ethnic code Patient Dor	nor EDD		
		D D M M Y Y		
Crossmatch Request Number of crossmatched units required Special requirements: (e.g. CMV neg, in	tests  Pate & time			
*Clinical details (Antenatal) Prophylax	kis 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: NHSBT/NHS number		Pate of birth:		
*Clinical details (Reference) Diagnosi	s:			
Transfusion within the last 3 months?				
Not Known No Ye	es If yes, date	of most recent:		
Other relevant clinical information. Please therapy / transplant history	Hb & date: e provide further details including antibodies specificity /	techniques / bleed size if FMH / monoclonal antibody		
Referring Laboratory's findings:				
Blood groupDAT	Antibodies			
*Signature *Date				
NHSBT USE Type of sample if not EDTA:	NHSBT sample number	Date / time sample received		

## Sample identification

NHSBT will not normally test samples unless three or more identical points of identification are used on both forms and tubes.

### For example:

- Patient's surname AND forename. Initials are not sufficient.
- NHS number and/or hospital number and/or address\*.
- 3. Date of birth.

\*Address will <u>only</u> be accepted for paternal or private samples. Please complete below.

- Samples MUST be labelled, dated and signed by the person taking them.
- 'Addressograph' labels are not acceptable on samples. [Not applicable where demand printed label use agreement exists]
- Samples MUST be fresh enough on receipt at NHSBT to allow testing within 7 days of venepuncture.

## Samples required

Ethnic origin codes

Newcastle

Tooting

Bangladeshi

Other Asian

All investigations require 2 x 6mL EDTA with the following exceptions:-

ABO/Rh grouping problems 1 x 6mL EDTA Extended RBC phenotype 1 x 6mL EDTA

Haemolytic transfusion reaction 2 x 6mL EDTA post transfusion

1 x 6mL EDTA pre transfusion + lines/remnants from units

Haemolytic disease of the newborn 2 x 6mL EDTA + 1mL cord blood Paternal phenotyping 1 x 6mL EDTA

Quantification of FMH or other minor RBC population 1 x 6mL EDTA

All other investigations

Please contact your local RCI laboratory

Please ship all samples at room temperature. For postage packaging must comply with the Carriage and Packaging of Dangerous Goods Act.

#### WHITE British Α BLACK/BLACK BRITISH Caribbean M В Irish African N Other White C Other Black P MIXED White + Black Caribbean D OTHER ETHNIC GROUPS White + Black African E Chinese F White + Asian Any other S Other Mixed G Not stated ASIAN/BRITISH ASIAN Indian н Pakistani

### RCI Laboratory telephone numbers **RCI Referral lab Daytime** Out of hours Barnsley 0122 686 8011 0122 686 8061 Birmingham 0121 278 4063 0121 278 4037 Colindale 0208 957 2831 0208 957 2800 Filton 0117 921 7380 0117 969 3927 Liverpool 0151 268 7148 0151 268 7170

0191 202 4416

0203 123 8349

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Paternal/private samples only		
Address:		

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0191 202 4400

0203 123 8352