

Place labelled specimen in bag, remove protective strip, fold flap onto bag and seal firmly.

IMPORTANT: Please ensure that the three points of identification used on this form and all samples match.
Please use **BLOCK CAPITALS** to complete. See reverse of forms for sample labelling criteria.

| Essential information included in this box must be completed, or the sample may not be tested. | |
|--|--|
| Patient/Donor Details (delete as applicable) A separate form must be completed for each individual Surname <input type="text"/> Forename <input type="text"/> NHS/CHI No. <input type="text"/> NHS <input type="checkbox"/> Non-NHS/Private <input type="checkbox"/> DOB DD/MM/YY <input type="text"/> Sample type (if not peripheral blood) Sample Date DD/MM/YY <input type="text"/> I acknowledge that by making this referral, I am agreeing to NHSBT's terms and conditions, subject to NHSBT's acceptance of the contents of this request form.† | Requester Details Name of Requester <input type="text"/> Department <input type="text"/> Hospital Name, Full Address and ODS code† Purchase Order No. (if applicable) Signature |

Sample time (time taken) :
Hospital number
Alternative ID
Male ☐ Female ☐
Ethnicity (please indicate if not provided)
Full address and postcode

Complete for Patient only

CMV Status (please delete as applicable):
Positive Negative Don't know
Date tested DD/MM/YY
Time to transplant
The total number of siblings available to be tested

Name of Consultant
Contact No.
Additional copy of report(s) to:
Billing Name/address (if different from above)

Complete for Family Member / Potential Donor

Relationship to patient
Patient's Name
Patient's DOB DD/MM/YY
Patient's NHS No
Patient's Hospital No

Diagnosis / Treatment / Test Reason / Relevant Clinical Information

URGENT INVESTIGATIONS – Telephone the laboratory before sending any samples.

Send **ALL** samples at ambient temperature. Tick box(es) of test(s) required and supply relevant information as required.

HLA Typing (6ml EDTA*)
☐ HLA Class I type ☐ HLA Class I and Class II type

HLA Specific Antibody Testing
☐ HLA specific antibody testing (6ml clotted (serum))

Volunteer Donor Search

Do you require a volunteer donor search if no family match?
☐ Yes ☐ No

Chimerism Analysis

☐ Total / Whole Blood (2 x 6ml EDTA*)
☐ Lineage specific (10ml EDTA*) Please specify
Please specify sample source

* Depending on WBC count. Contact the laboratory for advice when WBC count is below $2 \times 10^9/l$.

NHSBT use only

FRM1010/4.2

| | |
|-------------------------------|---------------------------------|
| ISBT 128 label (Molecular) | ISBT 128 label (Serological) |
|-------------------------------|---------------------------------|

Number of each sample received
 EDTA Clotted (Serum) Other
Comments: Signature
Date Received

For Your Information: Send all samples at ambient temperature

Address all samples to **"H&I - Diagnostic Specimens"** and use the correct address for the laboratory.

| NHSBT CENTRE | ADDRESS | Phone - LAB | OUT OF HOURS |
|--------------|---|---------------|---------------|
| Barnsley | Barnsley Blood Centre (Unit D), Capitol Way, Dodworth, Barnsley, S75 3FG | 01226868241 | 01226 86 8061 |
| Birmingham | Vincent Drive, Edgbaston, Birmingham, B15 2SG | 0121 278 4108 | 0121 278 4037 |
| Filton | 500 North Bristol Park, Northway, Filton, Bristol, BS34 7QH | 0117 912 5733 | 0117 912 5724 |
| Colindale | Charcot Road, Colindale, London, NW9 5BG | 020 8957 2923 | 020 8957 2800 |
| Newcastle | Holland Drive, Barrack Road, Newcastle upon Tyne, NE2 4NQ | 0191 202 4410 | 0191 202 4500 |
| Tooting | Cranmer Terrace, Tooting, London, SW17 0RB | 020 3123 8347 | 020 3123 8352 |

Other H&I test request forms

| | | | |
|----|--|----|--|
| 3A | Platelet Refractoriness / Transfusion Reactions | 3D | Platelet Immunology |
| 3B | Organ Transplant (Patients & Donors) | 3E | Granulocyte Immunology |
| 3C | Haematopoietic Stem Cell Transplantation (Recipients & Donors) | 3F | Disease Association / Drug Hypersensitivity / H&I Research |

Consent

It is the responsibility of the requester submitting a sample, to ensure informed consent has been obtained for all tests, including genetic tests in accordance with current guidance and legislation. Unless written notice is received, consent for both investigations and the use of any surplus sample in scheduled purposes (quality control, staff development or ethics committee approved research) will be assumed.

IMPORTANT: Sample labelling / completion of request form

Three points of identification must be used on the form and on the sample tubes (tube and form details must agree):
1. Forename AND surname **2.** Date of birth **3.** NHS/CHI No. (essential where available; if not available another unique identifier must be supplied).

Further copies of this form and MPD1108 "*H&I Requirements for Sample Labelling and Request Form Completion*" can be obtained from: <http://tinyurl.com/h-i-forms>.

In general, smaller volumes are permissible in infants - please contact your laboratory for help and advice.

Blood sample integrity, storage & transportation

Urgent samples must be marked urgent and discussed with the appropriate laboratory before dispatch.

Samples should be transported at ambient temperature and delivered to the laboratory in a timely manner preferably within 24 hours of collection to ensure sample age is not a limitation factor for testing. Acceptance limits for sample age can be obtained from INF136 "*H&I User Guide*" <https://tinyurl.com/y6r4z5dw>.

Prior to transportation, samples can be stored at 4°C before sending. Samples that are sent to NHSBT must be labelled and packaged as Biological Substance Category B, UN 3373 and must meet PI650. Please contact your local H&I laboratory for help and advice.

Further information

All information provided to NHS Blood and Transplant is used in accordance with the General Data Protection Regulation (GDPR) and all other applicable privacy legislation. For more information on how we look after personal details or to find out more about privacy rights visit www.nhsbt.nhs.uk/privacy or call 0300 123 23 23.

NHSBT is committed to keeping data safe and confidential.

NHSBT H&I information can be found at <https://tinyurl.com/y4xre49f>

† ODS code refers to the NHS Hospital location code, previously known as the NACS organisation code or NHSIA location code eg RJ701 or RQ8MY.

‡ NHSBT terms and conditions <https://tinyurl.com/yc4jddcj>