

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

3E

HISTOCOMPATIBILITY & IMMUNOGENETICS

Granulocyte Immunology

NHS

Blood and Transplant

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 Details For NAIN cases: A separate form must be completed for each individual

Surname

Forename

NHS/CHI No.

NHS ☐ Non-NHS/Private ☐

Mother ☐ Father ☐ Child ☐

DOB DD/MM/YY

Sample type (if not peripheral blood)

Sample date DD/MM/YY

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

Department

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

Name of Consultant

Contact No.

Additional copy of report(s) to:

Billing Name/address (if different from above)

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.

☐ **Neonatal Alloimmune Neutropenia (NAIN):**

Date of delivery/EDD DD/MM/YY

Length of gestation/40 weeks DD/MM/YY

Neonatal neutrophil count x10⁹/l

Maternal neutrophil count x10⁹/l

Mother's name

DOB DD/MM/YY

NHS/Hospital No

☐ **Infant Autoimmune Neutropenia**

Neutrophil count x10⁹/l

If > 2.0x10⁹/l give reason for testing

☐ **HNA investigation for renal transplantation**

☐ **Adult Autoimmune Neutropenia:**

Neutrophil count x10⁹/l

If > 2.0x10⁹/l give reason for testing

Indicate if Primary/Secondary

Diagnosis

☐ **Drug-Induced Antibody-Mediated Neutropenia**

Sample(s) of the drug(s) must be sent with the specimen

Please discuss ALL cases with the laboratory prior to taking samples.

Neutrophil count x10⁹/l

Date drug started DD/MM/YY

Drug name(s)

NHSBT use only

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
Filton	500 North Bristol Park, Northway, Filton, Bristol, BS34 7QH	0117 921 7372

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>.

Sample requirements

NAIN: mother (6ml clotted (serum) & 6ml EDTA blood); father (6ml EDTA blood); baby (1ml EDTA)

Infant autoimmune neutropenia: 2ml clotted (serum) and 2ml EDTA blood. The neutrophil count of the patient should be $<2 \times 10^9/L$.

Adult autoimmune neutropenia: 6ml clotted (serum) blood. The neutrophil count of the patient should be $<2 \times 10^9/L$.

Drug induced antibody mediated neutropenias: 6ml clotted (serum) blood and a sample of the implicated drug(s) together with the pharmacological concentration used.

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 Filton H&I laboratory before dispatch.

Anticogulated blood samples for HNA phenotyping and crossmatching **must** be treated as urgent samples, stored and transported at ambient temperature and arrive within 24 hours of venesection. Samples for all other investigations can be stored at 4°C prior to dispatch. Samples will not be tested if they are greater than 5 days old when they reach the laboratory. Acceptance limits for sample age can be obtained from INF136 "*H&I User Guide*" <https://tinyurl.com/y6r4z5dw>.

Samples that are sent to NHSBT must be labelled and packaged as Biological Substance Category B, UN 3373 and must meet PI650.

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 e.g. RJ701 or RQ8MY.

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