

## Guidance Notes: FRM6944

### H&I Orthotype™ test request guidance information

#### USE BLOCK CAPITALS & DO NOT USE INITIALS OR ABBREVIATIONS

Ensure **samples tubes** have **three points of ID, as recorded on the test request.**  
 Results may be delayed or samples may not be tested if the form is not completed correctly.  
 Refer to the **reverse of the form** for more **detailed information.**

Ensure you have identified the **referring hospital clearly.**

**A completed FRM6944 and samples should be sent direct to the Filton H&I laboratory**

**Enter PATIENT DETAILS**  
THREE points of I.D.

**Fore and surname = I.D.1**  
**DoB = I.D.2**  
**NHS/CHI/HCS No. = I.D.3**

NHS No. is essential

**ORTHOTYPE – Histocompatibility and Immunogenetics (Filton)**

**IMPORTANT: Three points of identification used on this form and all sample tubes MUST match. Complete in BLOCK CAPITALS.**

**All patient, requestor and consent information MUST be completed, or the sample may not be tested.**

**Patient consent is requested for product surveillance and future research. (Please refer to page 2 of this form):**

- I give ExplantLab my permission to track the results of my operation by accessing by record held in the National Joint Registry database.
- I do not give ExplantLab my permission to track the results of my operation by accessing by record held in the National Joint Registry database.
- I give my permission for my sample to be retained and my contact details to be stored on the ExplantLab secure database so that ExplantLab may contact me in the future regarding ethically approved research studies.
- I do not give my permission to be contacted in the future regarding ethically approved research studies.

**Pre-operative evaluation for implant**  
2 x 6ml EDTA samples

**What type of hip arthroplasty being considered?**

Conventional THR    Hip Resurfacing

**If hip resurfacing, is it MoM or MoP?**

Metal-on-metal (MoM)    Metal-on-polyethylene (MoP)

**For consideration of arthroplasty other than hip**

**Joint arthroplasty being considered?**

Knee    Ankle    Shoulder    Elbow

**Does the planned prosthesis contain a CoCr or Ti-CoCr metal junction?**

Yes    No

**Post operative monitoring**  
Patient has existing joint replacement *in situ*  
3 x 6ml EDTA samples

**What type of hip arthroplasty being monitored?**

Conventional THR    Hip Resurfacing

**If hip resurfacing, is it MoM or MoP?**

Metal-on-metal (MoM)    Metal-on-polyethylene (MoP)

**For joint arthroplasty other than hip**

**Joint arthroplasty being monitored?**

Knee    Ankle    Shoulder    Elbow

**Does the prosthesis contain a CoCr or Ti-CoCr metal junction?**

Yes    No

Reports will only be sent to contacts listed here. This **MUST** be an **nhs.net** account

Ensure each **CONSENT** has been discussed and ticked

Confirm that this is either a **PRE-IMPLANT** or **POST-IMPLANT** sample. Tick only one.

For Pre Operative monitoring ensure **all questions are answered**  
Tick only one box for each question

Enter **FULL HOSPITAL NAME, DEPARTMENT & ADDRESS**

Enter **ODS CODE** if known

Please ensure that you provide the department details for invoicing purposes

**SIGN & DATE** the request

For Post Operative monitoring ensure **all questions are answered**  
Tick only one box for each question

NHSBT use only

Number of EDTA samples received: \_\_\_\_\_ Comments: \_\_\_\_\_

Affix ISBT 128 label here

Signature: \_\_\_\_\_

Date Received (DDMMYY): \_\_\_\_\_

This information document, test request forms and more information about NHSBT H&I services can be found on the NHSBT hospital and science website at <http://tinyurl.com/h-i-forms>

Histocompatibility and Immunogenetics Laboratory		Telephone	FAX
Filton (Bristol)	500 North Bristol Park, Northway, Filton, Bristol, BS34 7QH	0117 921 7372	0117 912 5731