RCI Request Form



Blood and Transplant

Date / time sample received

Samples will not be tested unless a minimum of three points of matching identification is used on both forms and sample tubes (see over) All sections of the form marked * must be completed. Please write clearly in capitals using BLACK ink.

Investigations may require testing of the patient's DNA, and storage for possible testing or quality assurance purposes in the future. 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. Patient ID stickers may be used on the form. Place within the allocated dotted line indicated below. _TEAR_HERE Urgent requests MUST be telephoned. *Hospital and requestor details Full Hospital name. Hospital Hospital sample ID number Contact Phone number for queries Sample: Date Sample: time taken *Patient details Surname First Name DOB *If unavailable for private or paternal samples please complete address on reverse of form NHS No* Hospital Number Please place sticker within the dotted line F Ethnic code M Other Patient Donor **EDD** *Investigations requested: Please select investigation required. Please use X **FMH** Crossmatch Paternal Additional tests Crossmatch Request Date & time Number of crossmatched units required? Special requirements: (e.g. CMV neg, irradiated). *Clinical details (Antenatal) Prophylaxis within the last 6 months? Please use X 🛛 not 🗸 Not Known Yes If yes; Date 28-week antibody screen result and Dose Pos Neg Paternal or cord samples: Please give details of linked antenatal patient: Name: Date of birth: NHSBT/NHS number. *Clinical details (Reference) Diagnosis: Transfusion within the last 3 months? If yes, date of most recent: Not Known Hb & date: Other relevant clinical information. Please provide further details including antibodies specificity / techniques / bleed size if FMH / monoclonal antibody Referring Laboratory's findings: Blood group......DAT. *Signature *Date

NHSBT sample number

NHSBT USE

Type of sample if not EDTA:

Sample identification

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

- 1. Patient's surname AND forename. Initials are not
- 2. NHS number and/or hospital number and/or address*.
- 3. Date of birth.
 - *Address will only 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

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

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

Haemolytic transfusion reaction

2 x 6mL EDTA post transfusion 1 x 6mL EDTA pre transfusion + lines/remnants from units 2 x 6mL EDTA + 1mL cord blood

Haemolytic disease of the new-born

Paternal phenotyping
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.

Ethnicity codes WHITE **British BLACK/BLACK BRITISH** Caribbean M В African Other Black Irish N P Other White C White + Black Caribbean White + Black African Ď **MIXED** OTHER ETHNIC GROUPS Ē Chinese R White + Asian Any other Other Mixed G Not stated ASIAN/BRITISH ASIAN Н Indian Pakistani ĸ Bangladeshi

0191 202 4500

0203 123 8352

Other Asian RCI Laboratory telephone numbers RCI Referral lab **Daytime Out of hours** Barnsley 0122 686 8011 0122 686 8061 0121 278 4063 0121 278 4037 Birmingham 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

Paternal/private samples only	
Address:	

FRM1597/6 Effective: 01/06/2024

Newcastle

Tooting