INF1341/3 – Guidance for completion of Molecular Diagnostics Request Form FRM4738

NHS Blood and Transplant

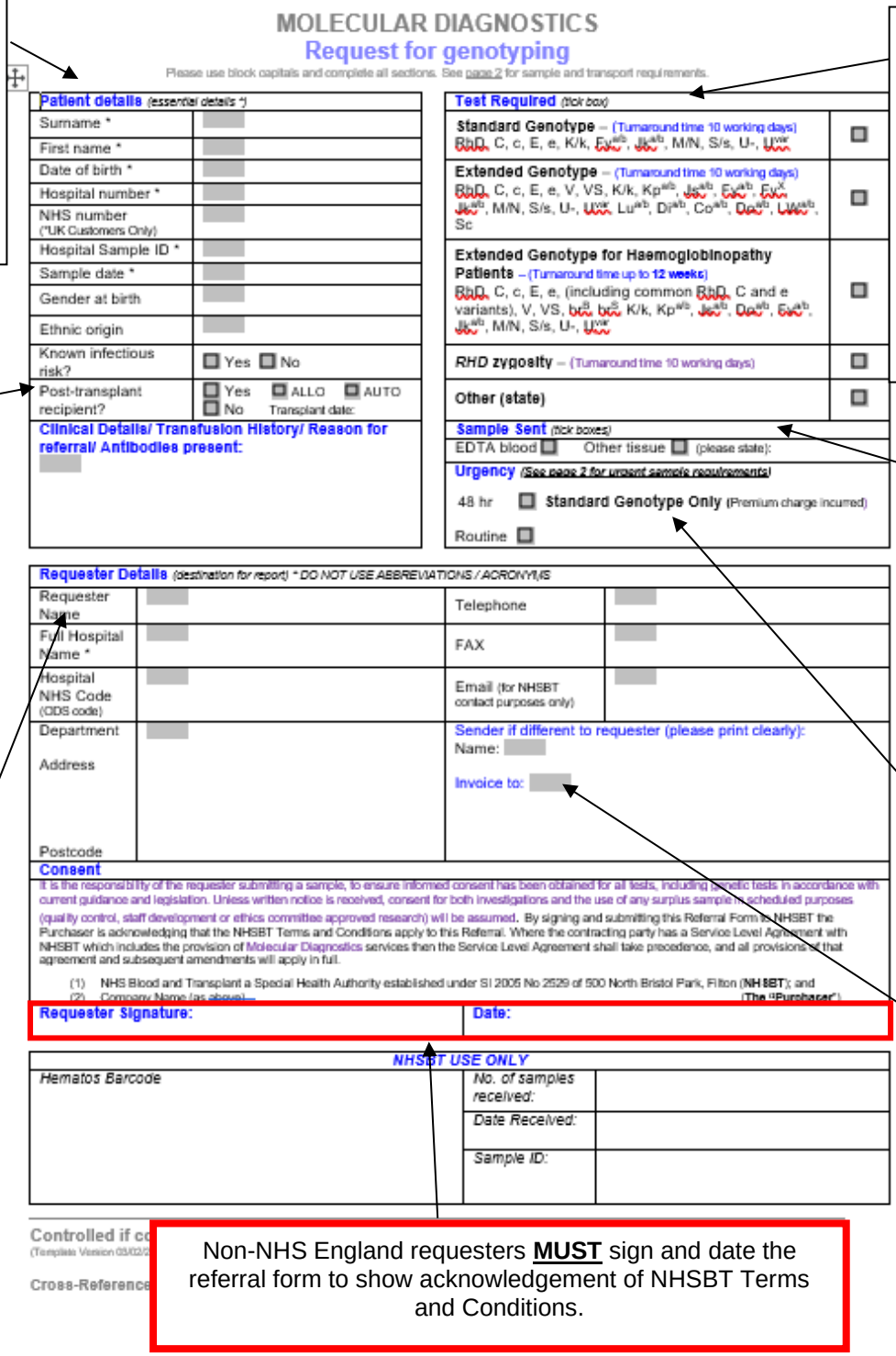
Copy No:

Effective date: 10/07/2024

As a minimum **three points** of **matching identification** (full name, DOB, NHS number, hospital number or unique identification number) **must** be included on both the sample and accompanying form. The samples must be **signed** and **dated** by the person taking the blood. Please see User Guide (INF1135) for full details.

Please note the request form is electronically editable

Essential details are highlighted with an * - please ensure these "essential detail" sections have been completed.



MOLECULAR DIAGNOSTICS

Request for genotyping

Please use block capitals and complete all sections. See page 2 for sample and transport requirements.

Patient details *(essential details *)*

Surname *	
First name *	
Date of birth *	
Hospital number *	
NHS number (*UK Customers Only)	
Hospital Sample ID *	
Sample date *	
Gender at birth	
Ethnic origin	
Known infectious risk?	☐ Yes ☐ No
Post-transplant recipient?	☐ Yes ☐ ALLO ☐ AUTO ☐ No Transplant date:

Clinical Details/ Transfusion History/ Reason for referral/ Antibodies present:

Test Required *(tick box)*

Standard Genotype – (Turnaround time 10 working days) RhD, C, c, E, e, K/k, Fy$^{a/b}$, Jk$^{a/b}$, M/N, S/s, U-, Lu^{var}	☐
Extended Genotype – (Turnaround time 10 working days) RhD, C, c, E, e, V, VS, K/k, Kp$^{a/b}$, Js$^{a/b}$, Cw, Fy$^{a/b}$, Fy^{X}, Jk$^{a/b}$, M/N, S/s, U-, Lu$^{a/b}$, Di$^{a/b}$, Co$^{a/b}$, Do$^{a/b}$, Lu$^{a/b}$, Sc	☐
Extended Genotype for Haemoglobinopathy Patients – (Turnaround time up to 12 weeks) RhD, C, c, E, e, (including common RhD, C and e variants), V, VS, bu, bu^{S}, K/k, Kp$^{a/b}$, Js$^{a/b}$, Do$^{a/b}$, Fy$^{a/b}$, Jk$^{a/b}$, M/N, S/s, U-, Lu^{var}	☐
***RHD* zygosity** – (Turnaround time 10 working days)	☐
Other (state)	☐

Sample Sent *(tick boxes)*

EDTA blood ☐ Other tissue ☐ (please state):

Urgency *(See page 2 for urgent sample requirements)*

48 hr ☐ **Standard Genotype Only** (Premium charge incurred)

Routine ☐

Requester Details *(destination for report) * DO NOT USE ABBREVIATIONS / ACRONYMS*

Requester Name		Telephone	
Full Hospital Name *		FAX	
Hospital NHS Code (ODS code)		Email (for NHSBT contact purposes only)	
Department Address Postcode		Sender if different to requester (please print clearly): Name: Invoice to:	

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 for scheduled purposes (quality control, staff development or ethics committee approved research) will be assumed. By signing and submitting this Referral Form to NHSBT the Purchaser is acknowledging that the NHSBT Terms and Conditions apply to this Referral. Where the contracting party has a Service Level Agreement with NHSBT which includes the provision of Molecular Diagnostics services then the Service Level Agreement shall take precedence, and all provisions of that agreement and subsequent amendments will apply in full.

(1) NHS Blood and Transplant a Special Health Authority established under SI 2005 No 2529 of 500 North Bristol Park, Filton (**NHSBT**); and

(2) Company Name (as above) (**The "Purchaser"**)

Requester Signature: **Date:**

NHSBT USE ONLY

Hematos Barcode	*No. of samples received:*	
	Date Received:	
	Sample ID:	

Controlled if co

(Template Version 03/02/2

Cross-Reference

Tick here to show which test you would like us to perform.

Refer to User Guide (INF1135) for tests not listed on referral form.

Tick here to show if patient has received a transplant.

Indicate type and date of transplant if answer is yes.

Indicate what type of sample has been sent. See reverse of form for sample requirements

Please include the **full name of the hospital**, department, address, postcode, telephone number and email in clear print.

Do no use abbreviations or acronyms as they may be interpreted incorrectly.

Please contact the laboratory before sending samples requiring 48-hour turnaround time.

Please include an address for the invoice to be sent, this is essential for all non-UK users.

Non-NHS England requesters **MUST** sign and date the referral form to show acknowledgement of NHSBT Terms and Conditions.