

IMPORTANT: Ensure that the three points of identification used on this form and all samples match. Use BLOCK CAPITALS to complete. Refer to reverse of form for sample labeling criteria.

All samples MUST be signed and dated.

Guidance document: https://www.nhsbt.nhs.uk/ibgri/services/molecular-diagnostics/nhs-england-programme-for-haemoglobinopathy-blood-group-genotyping/

Essential information included in this box must be completed, or the sample may not be tested.

Patient Details

Surname [input]

Forename [input]

NHS No. [input] [input] [input] [input] [input] [input]

Hospital number [input] [input] [input] [input] [input] [input] [input] [input]

Male [input] Female [input]

Sex at birth: [input]

DOB DD/MM/YY [input] [input] [input] [input] [input] [input]

Sample date DD/MM/YY [input] [input] [input] [input] [input] [input]

This service is for NHS patients only.

Requester Details

Name of Requester [input]

Department [input]

Hospital Name, Full Address and ODS code†
.....
.....
.....

Tick to confirm that the patient has consented to the tests being undertaken [input] (see reverse for further information)

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.

Hospital sample ID [input] [input] [input] [input] [input] [input] [input] [input] [input] [input]

Name of Consultant [input]

Sample time taken [input] : [input]

Contact Email address [input]

Ethnicity*: [input]

*Please indicate if not provided

Complete for potential sibling stem cell donors

(Name of sibling and DoB)

.....
.....

Additional relevant clinical information:

Samples included - Please supply relevant information as required

[input] 6ml EDTA – Adult/ child over 12 years [input] 2ml EDTA – 6 months to 12 years [input] 1-2ml EDTA – under 6 months

Regular transfusion programme: [input] Yes [input] No

If Yes, please indicate if simple transfusion [input] or exchange transfusion [input]

Please select one option: [input] Sickle Cell [input] Rare inherited anaemia [input] Thalassaemia

For urgent red cell genotyping, use FRM4738 https://tinyurl.com/5n8bn4cf

For urgent HLA typing for stem cell transplantation, use form 3C https://tinyurl.com/h-i-forms

NHSBT use only

ISBT 128 label (Molecular)

ISBT 128 label (Serological)

Number of each sample received

[input] EDTA

Comments:

Signature

Date Received

For Your Information: Send all samples at ambient temperature

Address all samples to **"Molecular Diagnostics - 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 7572

These tests are being made available for patients with sickle cell, thalassaemia and rare inherited anaemias (where the patient is transfusion dependent) ONLY at this time. Results will not be available immediately. For urgent testing send samples via the established routes. These tests are being provided free of charge for NHS patients, funded by NHSE. More information can be found at <https://www.nhsbt.nhs.uk/what-we-do/clinical-and-research/blood-group-genotyping/>

Consent

Where consent is required for an investigation or to comply with the Human Tissue Act (2004) legislation it is the responsibility of the requester submitting a sample, to ensure that any patient has been informed of, and has provided valid consent to all the tests being requested including genetic tests in accordance with current guidance and legislation. The requester may be asked to provide a copy of this valid consent. Consent for the use of any data and investigations using surplus sample for scheduled purposes (quality assurance, education or training relating to human health or ethics committee approved research) should be obtained by the requester. If one or more tests are declined this must be made clear on the accompanying request form.

Patients should be informed that a sample may be stored as part of required archiving protocols or to enable further investigation for the benefit of the individual. Surplus sample or data may be used anonymously for quality assurance, education or training relating to human health or ethics committee approved research. If the patient refuses consent for the use of surplus sample for these purposes, such refusal of consent must be properly recorded by the requester on the request form and communicated to NHSBT at the time the sample is sent to NHSBT.

The primary reason for testing is to determine blood group and Human Leucocyte Antigen (HLA) types. Relevant findings will be reported to the NHS referring team for clinical care and added to electronic patient records. The British Society for Genetic Medicine and Royal College of Pathologists Guidance on Consent and Confidentiality in Genomic Medicine will be followed (<https://www.rcpath.org/static/d3956d4a-319e-47ca-8ece8a122949e701/Consent-and-confidentiality-in-genomic-medicine-July-2019.pdf>).

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 number (mandatory requirement and **must** be provided).

Further copies of this form can be obtained from <https://www.nhsbt.nhs.uk/ibgrl/services/molecular-diagnostics/nhs-england-programme-for-haemoglobinopathy-blood-group-genotyping/>.

Sample Requirements

Blood:
6ml EDTA for Adults/children over 12 years
2ml EDTA 6 months-12 years
1-2ml EDTA for under 6 months

Note: Additional samples may be requested to perform supplemental tests for complex cases. The laboratory will contact you if necessary.

Blood sample integrity, storage & transportation

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.

Prior to transportation, samples can be stored at 4°C before sending. Samples must be labelled and packaged as Biological Substance Category B, UN 3373 and must meet PI650. Samples must reach the laboratory in time to be processed during laboratory working hours: Monday to Friday 07:00-18:00 and Saturday 07:00-16:00.

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://hospital.blood.co.uk/diagnostic-services/histocompatibility-and-immunogenetics/hi-test-request-forms/>