

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

Request for fetal *RHD* Screen

Cell-free fetal DNA from maternal blood



Blood and Transplant

This form is only to be used for RhD negative pregnant women.

Please **DO NOT USE** this form for samples from women who have anti-D (or -G) antibodies as samples will be rejected. Consult your Fetal Maternal Unit for referrals from women with anti-D (or -G) as a different form and sample volume is required.

At least three points of matching identification must be used on form and sample tubes

Mother's Details:

NHS No. or* Hospital No.

*(if NHS No. is not known). Please ensure that the numbers are the same on this form and the sample tube i.e. NHS No. on both form and sample and/or Hospital No. on both form and sample

Surname

First name

Address

.....

.....

.....

DOB EDD from dating scan*

*Please arrange a dating scan, if not already performed, before taking blood sample

Please provide 6ml EDTA blood sample from the mother (store at room temperature)

Date of sample taken Name of person taking sample

Hospital and Requester Details:

Full Hospital Trust Name Hospital NHS Code*

*ODS code (Formerly NACS code)

Midwife code Practice code

Sender's name and address

Telephone:

Email:

For Hospital Laboratory use

Date received:

SEND SAMPLE WITH THIS FORM TO THE PATHOLOGY LABORATORY

Instructions for Laboratory Reception

Follow Hospital Trust SOP.
See sample labelling and transport instructions on the reverse of this form.

For NHSBT use

Date received:

Sample requirements

1. 6mL maternal blood collected in EDTA tube from RhD negative pregnant women who have not made anti-D (or -G) allo-antibodies
2. Estimated delivery date (from dating scan) must be provided on the request form. Gestation must be at least 11⁺² weeks at time of venepuncture or the sample will be rejected
3. The sample tube must not be opened following blood collection
4. The sample must not be used for any testing prior to being received at IBGRL
5. The sample tube should be stored at room temperature
6. The sample tube must be labelled with the following information:
 - a. Three unique sample identifiers including: first name and surname, date of birth, and NHS or hospitals number (please note the same number must be on both the sample tube and the request form)
 - b. Samples **MUST** be labelled, dated and signed by the person taking them
7. Labels pre-printed prior to phlebotomy e.g. *Addressograph* labels are not acceptable on samples. They are, however, acceptable on request forms providing they do not obscure other vital details.
8. Samples must have handwritten labels unless demand printed labels are produced at the time of phlebotomy. NHSBT must be informed in writing if demand printed labels are in use
9. Hand written alterations on either the sample or request form may make the sample invalid for testing. Any minor alterations must be initialled by the person taking the sample to be acceptable for testing.

Transport

1. The Trust shall ensure that all samples are sent to the Trust's Pathology Reception
2. The Trust must place all samples in a suitable container along with the referral form
3. The outer container must include the name/address of the sender and must be clearly marked:

Fetal RHD Screen
IBGRL
NHS Blood and Transplant
500 North Bristol Park
Northway
Filton
Bristol
BS34 7QH
4. Routine NHSBT transport drivers will collect the sample box(es) from the Trust's Pathology or Blood Transfusion Reception according to current arrangements
5. The sample **MUST** reach the IBGRL genotyping laboratory within 7 days of venepuncture.

Further information, including the Fetal RHD Screening Service User Guide (INF1259) and instructions for completion of this form, can be found on the Hospital & Sciences website <http://hospital.blood.co.uk> Alternatively contact IBGRL Molecular Diagnostics on **0117 921 7572** or email **molecular.diagnostics@nhsbt.nhs.uk**