NORTH BRISTOL NHS TRUST DEPARTMENT OF BLOOD TRANSFUSION (ANTENATAL)	For Laboratory use only
NHS or Hospital Number.	-
	Severn Pathology
Surname	Severi Pathology
Forename	Requester Contact No
	Signature Date & Time
D.O.B. Sex (M/F) Patient Type	Sample Collection
D D M M Y Y Y Y NHS PP	I confirm that I have taken the blood sample for this request in
Patients Address inc. Post Code	accordance with the NBT Policy and labelled in the presence of the patient. I have confirmed the patients identity verbally
	NameSignature
Midwife Midwife code	 Date
GP GP Location Code	EDD
	Week gestation
Ante-Natal Clinic Booking Hospital	Group and Antibody Screen
SMH St Mich Other	
	Anti-D required
For Laboratory Use Inoculation Risk? YES NO	Date
	Anti-D given ? NA / No / Yes
	Dates given
ABO D Ab	Antibodies Reported Y / N
Screen	Any Previous Transfusions Y / N Date
	Any Lievious franciusions L/ N Date
Southmead Hospital, Telephone Bristol 0117 4148350	Any Previous Pregnancies Y / N Date

Collection of blood samples for Blood grouping and antibody screening

Samples will only be processed for adequately identified specimens and request forms

At the time of taking the sample the patient must be positively identified.

Sample labelling

- A 6 ml blood transfusion sample tube containing EDTA is required for blood transfusion investigations
- Blood samples for Blood Transfusion must only be taken from one person at a time and labelled immediately in the presence of the patient
- Sample tubes must not be pre-labelled

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- · Patient details must be written legibly on the sample tube. Addressograph labels must not be used
- Sample tubes must be labelled with the following patient identification:
 - Patient identification number (NHS or MRN)
 - Patient surname
 - Patient first name
 - Date of birth
- The date and time of sample collection must be included
- · Sample tubes must be signed by the person taking the sample to confirm that the patient details are correct

The Request form <u>MUST</u> include the following information:

- Full Patient identification
- Midwife code
- Date and time blood component(s) are required if used for ordering anti-D
- . Identity of requestor to include signature and contact number
- Identity and signature of the person who has taken the sample with the date and time of collection

Failure to comply with any of the above will result in the sample being rejected.