

NORTH BRISTOL NHS TRUST DEPARTMENT OF BLOOD TRANSFUSION (ANTENATAL)

For Laboratory use only



NHS or Hospital Number.

Surname

Forename

D.O.B.

Sex (M/F)

Patient Type

Patients Address inc. Post Code

Midwife

Midwife code

Ante-Natal Clinic location

EDD

Weeks gestation

Anti-D given prior to this sample? NA / No / Yes

Dates given

Anti-D required (sensitising events)

Location

For routine prophylactic anti-D request via email

Previous Transfusion in last 3 months Y/N Date.....

Previous antibodies reported Y/N

Previous Pregnancies.....

Requester Contact No

Signature Date & Time

Sample Collection

I confirm that I have taken the blood sample for this request in accordance with the NBT Policy, (Summary overleaf) and labelled in the presence of the patient. I confirm I have checked the patient's identity both verbally and with this form

Name Signature.....

Date / / Time..... : ..

Tests required

Group and Antibody Screen

Follow up positive antibody investigations

Fetal Leak

Genotyping

Specific

If this sample is from the partner of a woman with antibodies please provide details of woman

NHS or Hospital number

Surname

Forename

DOB ____ / ____ / ____

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
- Patient details must be written legibly on the sample tube. Addressograph labels must not be used on samples
- 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 **MUST** include the following information:

- Full Patient identification
- Midwife code
- Date and time blood component(s) are required if used for ordering anti-D. For routine prophylactic anti-D use the email system
- 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.