

Patient Details

Handwritten details or GP/Hospital Addressograph Label
Forename: _____
Surname: _____
Hospital No.: _____ DOB: _____
Address: _____
Gender: Male: Female:

Sample Taken By

Samples must be labelled using Blood Track where available and "Collect" Label affixed here
For handwritten samples
Signature: _____
Date: ___/___/___ Time: ___:___hrs

Requesting Practitioner Details

Signature: _____
Print name: _____ MCRN: _____

GP samples:
Surgery: _____ G.P.: _____
Contact no.: _____

Antenatal Clinic:
Clinic Location: _____ Consultant: _____
Contact no.: _____

Test Requests (6ml Pink Capped EDTA Sample Required)

Group and Antibody Screen Direct Coombs Test
HLAB27 (see overleaf) Other: _____

Paternal Requests (complete for partners of mothers with antibodies and RhD neg mothers)

Partner of: Name: _____ DOB: ___/___/___
Hospital no. or Address: _____
Mother RhD Neg: Yes No or Mother's Antibody: Anti-_____

Obstetric History

Gravida: _____ Para: _____
Is Patient Pregnant: Yes No EDD: ___/___/___
Blood Group (if known): _____ Known Antibodies: _____
Has Patient Received Anti-D IgG in last 6months:
Yes No Date: ___/___/___
Previous Transfusion: Yes Date: ___/___/___ No Unk
Transfusion Reaction: Yes No Details: _____
History of HDN: Yes No

Laboratory Use Only

Received In Laboratory: _____ Specimen TW Number: _____ Lab Comments: _____

Automated Results (if applicable):
Blood Group: _____ RhD: _____ Antibody Screen: _____
Phenotype: C ___ E ___ c ___ e ___ K ___

Manual Antibody Screen

Screen Cells	SI	SII	SIII	SCCN	Read 1	Anti-D transfused:
					Read 2	
						___/___/___
QC:						

Manual Blood Group Method: Tube Card

Polyspecific DCT

Monospecific DCT

Anti-A	Anti-B	Anti-AB	Anti-D1	Anti-D2	Ctl	A1 Cells	B Cells	Blood Group	QC	Read 1	IgG/C3d	Pos Ctl	Neg Ctl	Read 1	IgG	C3d	Ctl	Read 1
									P:	Read 2				Read 2				Read 2
									R:									

Antibody Titre

Phenotype

Current sample: Anti: _____ IAT Titre result: _____ (Cell used: _____)
Previous sample: TW _____
Parallel result (previous sample): _____ or Anti-D QC result: _____

Antigen	result	Pos Ctl	Neg Ctl	Read 1
				Read 2

Reported as: _____ Sample frozen: Yes No

Antigen	1:1	1:2	1:4	1:8	1:16	1:32	1:64	1:128	1:256	1:512	1:1024	1:2048	Read1	Read2
Anti-D QC														
Previous														
Anti-_____														
Anti-_____														

SPECIMEN AND LABELLING REQUIREMENTS

Refer to Blood Transfusion/Haemovigilance section of the University Hospital Waterford Laboratory User Manual:

www.hse.ie/go/wrhlab

Minimum data for labeling transfusion specimen bottle:

Sample Details

- | | | |
|--|---|----------------------------------|
| 1. Full Forename(s) | } | Abbreviations are not acceptable |
| 2. Full Surname | | |
| 3. Date of Birth | | |
| 4. Hospital Number or address (if from GP) | | |
| 5. Signed & Dated | | |

1. The patient must be positively identified before taking a blood sample. Refer to University Hospital Waterford's current "Patient Identification Policy".
2. Request form must be fully completed. Use of addressograph labels with patient details is acceptable on the request form only.
3. All Samples for Blood Transfusion should be labelled using Blood Track Tx .
4. In the absence of Blood Track Tx all specimen details must be handwritten. **Addressograph labels are not acceptable on transfusion samples** and will not be processed.
5. Patient details on sample must correspond with details on request form.
6. Request forms must have the requesting practitioners signature.
7. All Blood Transfusion Specimens must be received in the Laboratory within 48 hours of phlebotomy and must be transported at ambient temperature (18-25⁰C). Samples received outside this time will not be processed.
8. Request for HLAB27 must be accompanied by completed consent form found on Lab User Manual www.hse.ie/go/wrhlab and clinical details.

Antenatal Blood Group and Antibody Screen Frequency of Testing:

Antenatal patient	Booking	28 weeks	Cord and Maternal at Delivery	Additional Testing***
All antenatal patients	✓	✓		
RhD Negative Mothers *	✓	✓ (inpatient request)	✓	
Patients with immune Anti-c and Anti-D (sent to IBTS for Quantitation) **	✓	✓	✓	Every 4 weeks from booking to 28 weeks and every 2 weeks from 28 weeks to delivery
Patients with Anti-K (tired in UHW) **	✓	✓	✓	Every 4 weeks from booking to 28 weeks and every 2 weeks from 28 weeks to delivery
Patients with all other clinically significant antibodies (other than Anti-c, Anti-D or Anti-K) **	✓	✓	✓	

* A sample for Blood Grouping should be sent for partners of current pregnancy if partner's RhD type is unknown to assess the patient's requirement for Anti-D Ig prophylaxis.

** A sample for phenotyping should be sent for partners of current pregnancy for antenatal patients with antibodies, to assess the risk of HDN.

*** The Clinician may request more frequent testing if clinically indicated.