

SPECIMEN CORRECTLY?

HAVE YOU LABELLED THE

**PRESS FIRMLY ON EACH END
TO ENSURE A LEAKPROOF
SPECIMEN CARRIER**

JB:133285



BLOOD TRANSFUSION ANTENATAL



**NORTH BRISTOL NHS TRUST
DEPARTMENT OF BLOOD TRANSFUSION (ANTENATAL)**

NHS or Hospital Number

[Barcode area]

114mm

Surname

[Barcode area]

Forename

[Barcode area]

64mm

D.O.B.

D D M M Y Y Y Y

Sex (M/F)

[]

Patient Type

NHS PP

Patients Address Inc. Post Code

[Barcode area]

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

Southmead Hospital, Telephone Bristol 0117 4148350

For Laboratory Use sample barcode



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 (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.



BLOOD TRANSFUSION ANTENATAL

BAG



Fold

REMOVE COVERING STRIP
PLACE SPECIMEN IN BAG
FOLD TOP OVER TO SEAL