SPECIMEN CORRECTLY?

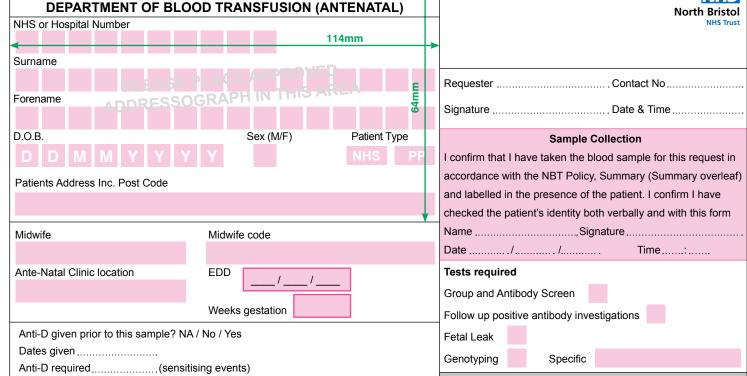


Location.....

For routine prophylactic anti-D request via email

Previous Transfusion in last 3 months Y/N Date

Previous antibodies reported Y/N



JB:133285

Previous Pregnancies Southmead Hospital, Telephone Bristol 0117 4148350

NORTH BRISTOL NHS TRUST

Surname Forename \_\_\_\_\_

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

please provide details of woman

DOB

NHS or Hospital number \_\_\_\_\_

For Laboratory Use sample barcode

## 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

