

Location

Clear details of where to send the report is required. E.G. Please state if Royal Glam or Royal Gwent-RG is not sufficient

Lead Professional

Consultant or Midwifery led name is required

ID of the woman

Clear identification of the woman is required to ensure results are attributed to the correct individual.

Use address labels **only** if authorised by the individual organisation

Requested by

Name, signature and contact details required to show consent and to enable rapid reporting of problems with sample or result

EDD/previous pregnancy/Previous HDFN required by the lab

Take a blood sample before the administration of RAADP

Routine blood grouping and antibody screening sample **must** be taken prior to administration of RAADP. This is important to avoid any unnecessary further blood tests during pregnancy.

If anti D has been given before the blood sample is taken, the lab will not be able to differentiate between prophylactic anti D detected after prophylaxis or immune anti D and 2 weekly samples will be requested.

Record here if any anti D has been given during this pregnancy. Ensure date and dose is recorded

Antenatal Blood Group Serology Request			
Location		Lead Professional	Lab Specimen N ^o
Hospital N ^o		NHS N ^o	
Last Name (Block Capitals)		D.O.B. (dd/mm/yyyy)	
First Name/s (Block Capitals)		Private: <input type="checkbox"/>	
Address:		NHS: <input type="checkbox"/>	
Requested by:		Signature:	Tel no/bleep
			Date
FAILURE TO COMPLETE THIS SECTION WILL RESULT IN SAMPLE REJECTION			
Positive patient identification obtained verbally		YES / NO	
Date sample taken:		Time:	
Taken by: (Signature)		Print name	
EDD (dd/mm/yyyy)		Laboratory Use Only	
Previous pregnancy Yes / No		Sample acceptance criteria met: YES / NO	
Previous HDN Yes / No		Sample checked by:	
Has anti-D been given in this pregnancy? Yes/No			
Date Given:		Dose:	
First Sample <input type="checkbox"/>		Repeat Sample <input type="checkbox"/>	
Additional relevant information (eg previous antibodies detected)			
Additional relevant information			
E.g. It is important to document here if this is a sample to check antibody titre levels, or the woman is known to have antibodies previously. (Please send 2x 6ml pink (EDTA) bottles If this sample is to check titre levels for known maternal antibodies)			

Failure to complete:

The person taking the sample must complete this section on the day that the sample is taken.

There must be a legible signature, even if it is the same health professional who requested the test and is signing the card twice

Lab Use Only

This section to be completed on receipt at the lab

First sample/Repeat sample

Tick one box only, depending on whether this is the sample taken at booking, or a repeat sample during the pregnancy