Place labelled speciment in bag, remove protective strip, fold flap onto bag and seal firmly.

# Request for cell free fetal DNA (cffDNA) Screen
## RhD Fetal Genotyping Service

NHS Blood and Transplant

**This form is only to be used for RhD negative pregnant women.**

**Please DO NOT USE this form for samples from women who have anti-D antibodies. For those cases, please speak to the Fetal Maternal Unit first (a different form and sample volume are required).**

**At least three points of matching identification must be used on form and sample tubes**

## Mother's Details:

**NHS No.**..... **or* Hospital No.**.....

*(if NHS No. is not known). Please ensure that the numbers are the same on this form and the sample tube i.e. NHS No. on both form and sample and/or Hospital No. on both form and sample

**Surname** .....

**First name** .....

**Address** .....

.....

.....

.....

.....

**DOB**..... **EDD from scan***.....

*If scan has not been done, then one should be arranged before taking sample

**Please provide 6ml EDTA blood sample from the mother** (store at room temperature)

**Date of sample taken**..... **Name of person taking sample** .....

## Hospital and Requester Details:

**Full Hospital Trust Name** ..... **Hospital NHS Code*** .....

*ODS code (Formerly NACS code)

**Midwife code** ..... **Practice code**.....

| Sender's name and address<br><br>Telephone:<br>Email: | For Hospital Laboratory use<br><br>Date received: |
|---|---|

**SEND SAMPLE WITH THIS FORM TO THE PATHOLOGY LABORATORY**

**Instructions for Laboratory Reception**

Follow Hospital Trust SOP.
See sample labelling and transport instructions on the reverse of this form.

For NHSBT use

Date received:

# Request for cell free fetal DNA (cffDNA) Screen

## RhD Fetal Genotyping Service

NHS Blood and Transplant

## Sample requirements

1. 6ml maternal blood collected in EDTA tube from RhD negative pregnant women who have not made anti-D antibodies
2. The sample tube must not be opened following blood collection
3. The sample must not be used for any testing prior to being sent to NHSBT
4. The sample tube must be stored at room temperature
5. The sample tube must be labelled with the following information:
   a. Three unique sample identifiers including: first name and surname, date of birth, and NHS or hospitals number (please note these must be identical to the request form)
   b. Expected date of delivery (this must be from the scan)
   c. Samples **MUST** be labelled, dated and signed by the person taking them.
6. Labels pre-printed prior to phlebotomy e.g. *Addressograph* labels are not acceptable on samples. They are, however, acceptable on request forms providing they do not obscure other vital details
7. Samples must have handwritten labels unless demand printed labels are produced at the time of phlebotomy. NHSBT must be informed in writing if demand printed labels are in use
8. Hand written alterations on either the sample or request form may make the sample invalid for testing. Any minor alterations must be initialled by the person taking the sample to be acceptable for testing.

## Transport

1. The Trust shall ensure that all samples are sent to the Trust's Pathology Reception
2. The Trust must place all samples in a suitable container along with the referral form
3. The outer container must include the name/address of the sender and must be clearly marked:

   Fetal Genotyping Screen
   IBGRL
   500 North Bristol Park
   Northway
   Filton
   Bristol
   BS34 7QH
4. Routine NHSBT transport drivers will collect the sample box(es) from the Trust's Pathology or Blood Transfusion Reception according to current arrangements
5. The sample **MUST** reach the IBGRL genotyping laboratory within 7 days of venepuncture.

Contact IBGRL Filton if you have any queries on: **0117 921 7572**
or email: **molecular.diagnostics@nhsbt.nhs.uk**