To: NMRU, Jack Copland Centre, SNBTS, 52 Research Avenue North, Heriot Watt Research Park, Edinburgh EH14 4BE

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| Attach/Write  Donation Number Barcode Label Here  ………………………………………………… | Serum | For NMRU use only. Affix label here |
| Plasma (PPT) | For NMRU use only. Affix label here. |
| Plasma (EDTA) | For NMRU use only. Affix label here |

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| Date of Withdrawal: ………………………. | Donor/patient code or ODT number |  | **URGENT**  () |  |

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| **DONOR INFORMATION** | | | | | | | | | | | | | | | | |
| Originating site :  () | TCAT |  | | Breast  Milk |  | | CAU  (GLA) | |  | CAU  (ABN) | |  | | CAU  (DUN) |  | |
| Sample Types Sent  (): | Serum | |  | Plasma (PPT) | |  | | Plasma (EDTA) | | |  | | Other | | |  |

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| Donation Type (): | Stem cell |  | Cellular Therapy |  | Organ |  | Bone |  |
| Deceased  Tissue |  | Islet |  | Reproductive  Tissue |  | Breast Milk |  |
| Other |  | Please state: …………………………………… | | | | | |

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| **REFERRAL INFORMATION** | | | | | | |
| Reason for Referral ( all applicable): | Routine |  | Non- Conforming  tubes |  | Known Positive Donor |  |

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| **INVESTIGATION(S) REQUIRED** | | | | | | | | |
| Individual Screen ()  \*Discretionary test | Anti-HBc |  | Malaria\* |  | T Cruzi\* |  | WNV\* |  |
| Full Mandatory Screen  () | Serology: (Anti-HBc, HBV, HCV, HIV, HTLV, Syphilis)  NAT: (HBV,HCV,HIV,HEV) | | | | | | |  |
| Additional test () | ABO Grouping  RhD |  |  | | | | | |

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| Sent  by: | Print name | Signature | Date: |

**INFORMATION TO HELP COMPLETION OF THIS REQUEST FORM:**

**Send Page 1 only to NM RU with sample(s) for testing. One form per referral type only.**

Please complete all sections or form will be returned and testing delayed. Donor Information:

* Donor/patient code or ODT number – if applicable provide donor or patient reference code (e.g.

donor reg. no, JAU no) or the organ donation and transplant (ODT) number. If not write N/A

* If applicable tick **Urgent** if a rapid turnaround is required e.g. islet cell donor. Please notify the NMRU as soon as possible by email or telephone if this is required. See contact details below.
* Select originating site. See code listed below.

|  |  |
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| Originating Site Code | |
| TCAT | Tissues, Cells and Advanced Therapeutics |
| CAU (GLA) | Clinical Apheresis Unit Glasgow |
| CAU (ABN) | Clinical Apheresis Unit Aberdeen |
| CAU (DUN) | Clinical Apheresis Unit Dundee |

Referral Information:

* Routine – refers to samples normally sent direct to the NMRU for testin g e.g. Deceased donor samples or anti-HBc referrals
* Non-Conforming Tubes – Samples with tubes which Donor Testing cannot test
* Known Positive Donor – All sample tubes should go direct to NMRU if donor is known to be positive for a mandatory marker (s) (i.e. HBV,HCV,HIV,HTLV or syphilis positive donors)

Investigation(s) Required:

* Individual screen refers to Anti-HBc and other discretionary testing (malaria, TCruzi and WNV) only. Discretionary Tests should only be selected if donor meets the testing criteria for the selected test.
* Mandatory screening of donors is routinely performed by the SNBTS Donor Testing laborator y. However, cases where Donor Testing can not provide a full mandatory screen i.e. for deceased donors, known positive donors or where there are non-conforming tubes, select **Full M andato ry screen** this includes: Serology (Anti-HBc, HBV, HCV, HIV, HTLV, Syphilis) and NAT (HBV, HCV, HIV, HEV).
* Additional Test should be completed if ABO and RhD grouping is also required on the samples sent to NMRU. This will be referred to donor testing by the NMRU.

If further help is required to complete this form see contact details below: Contact Telephone number: 0141 433 5923

Contact email address: [NSS.SNBTS-NMRUSeniorStaff@nhs.net](mailto:NSS.SNBTS-NMRUSeniorStaff@nhs.net)