



SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE
HISTOCOMPATIBILITY AND PLATELET IMMUNOHAEMATOLOGY
 ROYAL INFIRMARY, LITTLE FRANCE CRESCENT, EDINBURGH, EH16 4SA
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NATF 1536 03

Ref. SOP No.: N/A

Lab hours: Monday to Friday 0830-1700hrs

Request forms and samples not labelled in accordance with SNBTS sample acceptance policy may not be tested (see reverse of form)

<p>Patient / donor information</p> <p>Hospital / CHI no:</p> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table> <p>Surname:</p> <p>Forename (in full):</p> <p>DOB: M/F</p> <p>Hospital / ward:</p> <p>Clinical condition:</p> <p><i>**Samples must be labelled with the patient's full name, DoB and CHI number – an alternative unique identifier (hospital number or emergency number) may be used if the patient does not have a CHI number.</i></p>									<p align="center">Solid organ transplant (including islets)</p> <p>Initial / confirmatory HLA type:</p> <p>5ml EDTA <input type="checkbox"/></p> <p>HLA antibody screen (inc DSA investigation):</p> <p>10ml clotted <input type="checkbox"/></p> <p>Initial (Virtual) crossmatch:</p> <p>10ml EDTA (donor) <input type="checkbox"/></p> <p>10ml EDTA and 10ml clotted (recipient) <input type="checkbox"/></p> <p>Final 'wet' crossmatch*: (by prior arrangement only)</p> <p>40ml EDTA (donor) <input type="checkbox"/></p> <p>40ml EDTA and 10ml clotted (recipient) <input type="checkbox"/></p> <p align="center"><i>*Please complete one request form for donor and one for recipient</i></p>	<p align="center">Platelet refractoriness / FNAIT</p> <p align="center">**ALL SAMPLES MUST BE HANDWRITTEN**</p> <p>All tests must be arranged via SNBTS duty haematologist (Daytime #2215 / OOH – switchboard 0131 242 1000)</p> <p>Platelet refractoriness: <input type="checkbox"/></p> <p>5ml EDTA + 10ml clotted (HLA/HPA type and antibody investigation)</p> <p>FNAIT investigations: NATF544 must accompany all requests – available from SNBTS medic or H&I lab</p> <p>Mother: 5ml EDTA + 5ml clotted <input type="checkbox"/></p> <p>Child*: 1ml EDTA <input type="checkbox"/> <small>*Smaller sample volume for paediatric patients by arrangement</small></p> <p>Father (if required): 5ml EDTA <input type="checkbox"/></p>	<p align="center">Disease association testing</p> <p align="center">**All 5ml EDTA**</p> <p>HLA B27 <input type="checkbox"/></p> <p>Narcolepsy <input type="checkbox"/></p> <p>Coeliac <input type="checkbox"/></p> <p>HLA B*57:01 <input type="checkbox"/></p> <p>Other – please specify <input type="checkbox"/></p> <p>.....</p>
<p>Requesting clinician:</p> <p>Contact details (bleep no./ ext):</p> <p>Sample taken by:</p> <p>Date and time:</p> <p>Routine / urgent*</p> <p>Risk of infection: Yes/No</p> <p><small>Please contact lab directly if result is required urgently</small></p>	<p align="center">Lab use only</p> <p>Date / time received:</p> <p>Accepted by:</p> <p>Checked by:</p> <p>Sub-aliquoted by:</p> <p>Archive location(s): Serum - S DNA - D</p>										

SNBTS Policy on the Acceptance Criteria for Patient Blood Samples within Clinical Laboratories

Sample tubes - ideally these need to be handwritten CLEARLY, although addressographs labels are acceptable for NON-TRANSFUSION related work. For TRANSFUSION work (NAIT/platelet refractoriness) samples MUST BE HANDWRITTEN.		
Details (patient details on sample & request form MUST match exactly)	Requirement	Consequence if missing from sample tube
Surname (correctly spelt in full)	Mandatory	Discard
Forename (correctly spelt in full)		
Date of Birth		
Unique Identification number*		

Request forms - addressographs labels may be used for NON-TRANSFUSION related work. For TRANSFUSION work (NAIT/platelet refractoriness) request forms MUST BE HANDWRITTEN.		
Details (patient details on sample & request form MUST match exactly)	Requirement	Consequence if missing from request form
Patient surname and first name (correctly spelt in full)	Mandatory	Discard
Date of birth		
Unique Identification number*		
Clinical details/reason for request e.g. pre-RRT, rejection, Biopsy etc	Desirable	Requestor may be contacted to discuss request**
Date/time of sampling		
Contact details of referring clinician/ location of patient area/ destination of report		

* All samples must be labelled with the patient's CHI number – an alternative unique identifier (hospital number or emergency number) may be used if the patient does not have a CHI number.

** Requestor is responsible for ensuring the H&I laboratory is made aware of any special requirements that may be necessary

Updated Aug 2022