Blood Group Genotyping in Scotland – Instructions for Blood Banks

NHS National Services Scotland

Background

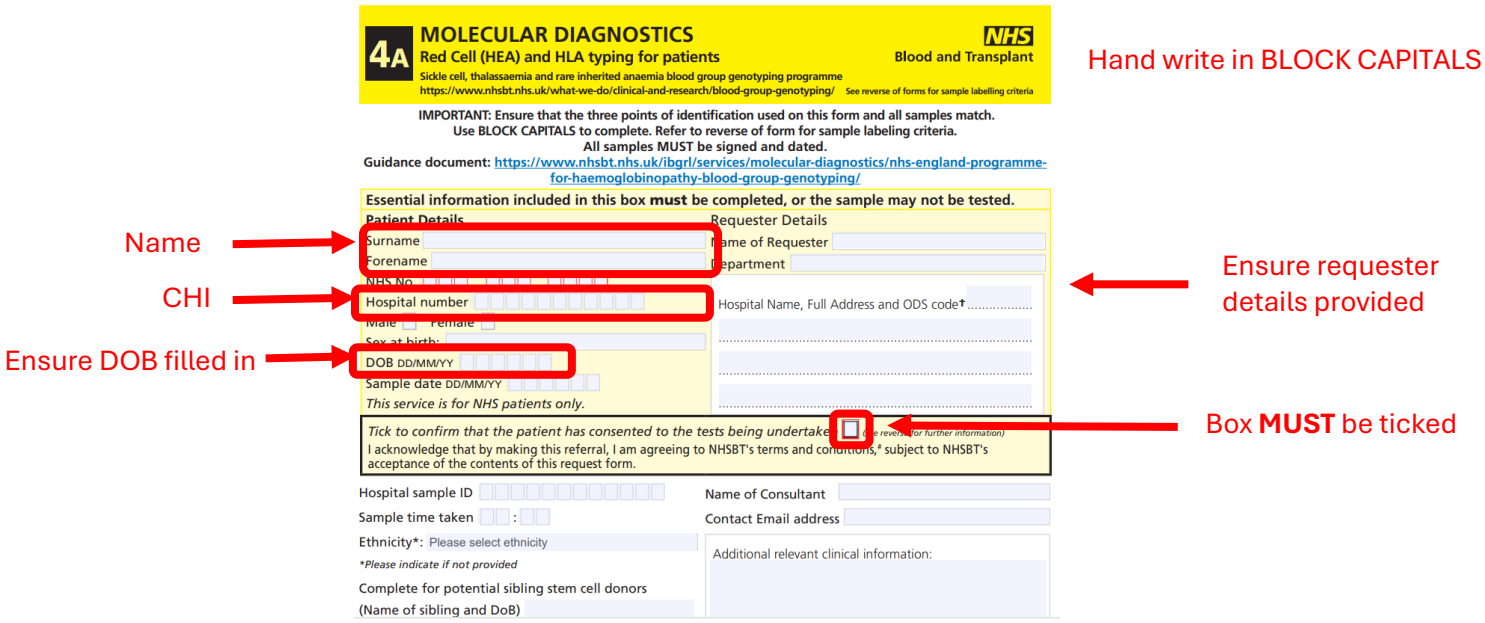
The Scottish National Blood Transfusion Service (SNBTS) will be offering access to the NHS Blood and Transplant (NHSBT) and NHS England blood group genotyping programme for patients in Scotland. This testing is available for patients living with inherited anaemias, including Sickle Cell Disorder (SCD), Thalassaemia, and other Rare Inherited Red Cell Disorders, who need regular blood transfusions for their health and well-being.

Instructions for Blood Banks

You will receive the NHS Blood and Transplant 4A Molecular Diagnostics Red Cell HEA and HLA typing for patients form from your clinical areas. It can be found at the web address below:
https://www.nhsbt.nhs.uk/ibgrl/services/molecular-diagnostics/nhs-england-programme-for-haemoglobinopathy-blood-group-genotyping/

On receipt of the following request form and samples from the clinical areas:

1) Ensure the following details have been completed on the form (see below)



2) Ensure the correct sample type and volume has been provided (see below):

- Adults or children over 12 years – 6 ml EDTA
- Children 6 months – 12 years – 2 ml EDTA
- Children less than 6 months – 1 – 2 ml EDTA

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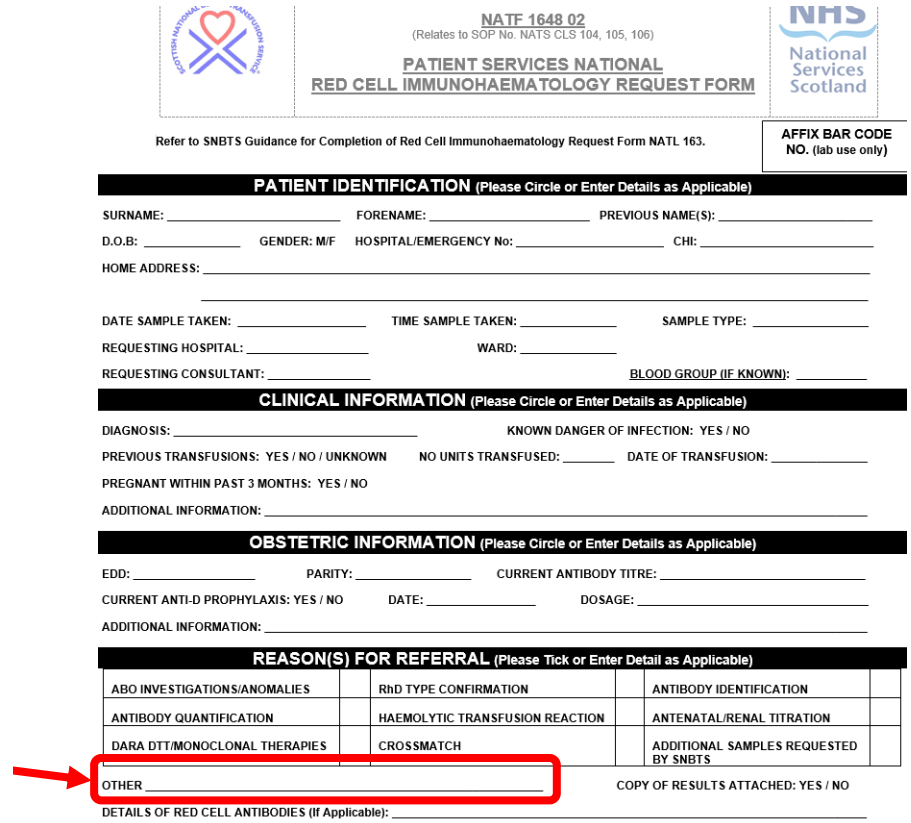
3) Ensure the sample tube is **handwritten** and meets acceptance criteria for blood transfusion samples

4) **Clinicians at hospitals that do NOT have an SNBTS blood banks** have been asked to provide an additional group and save sample (same sample requirements as above)
    a. This will be needed for reconciliation of programme results

5) Ensure the details on the request form and sample tube(s) match

6) If any details on the request form are missing, please contact the clinical requester, on the same day if possible, to avoid the sample being rejected.

7) Once satisfied request form and sample tube(s) have been correctly completed, please complete NATF 1648 (see below)



NATF 1648 02
(Relates to SOP No. NATS CLS 104, 105, 106)

PATIENT SERVICES NATIONAL
RED CELL IMMUNOHAEMATOLOGY REQUEST FORM

Refer to SNBTS Guidance for Completion of Red Cell Immunohaematology Request Form NATL 163.

AFFIX BAR CODE NO. (lab use only)

PATIENT IDENTIFICATION (Please Circle or Enter Details as Applicable)

SURNAME: _____ FORENAME: _____ PREVIOUS NAME(S): _____

D.O.B: _____ GENDER: M/F HOSPITAL/EMERGENCY No: _____ CHI: _____

HOME ADDRESS: _____

_____

DATE SAMPLE TAKEN: _____ TIME SAMPLE TAKEN: _____ SAMPLE TYPE: _____

REQUESTING HOSPITAL: _____ WARD: _____

REQUESTING CONSULTANT: _____ BLOOD GROUP (IF KNOWN): _____

CLINICAL INFORMATION (Please Circle or Enter Details as Applicable)

DIAGNOSIS: _____ KNOWN DANGER OF INFECTION: YES / NO

PREVIOUS TRANSFUSIONS: YES / NO / UNKNOWN NO UNITS TRANSFUSED: _____ DATE OF TRANSFUSION: _____

PREGNANT WITHIN PAST 3 MONTHS: YES / NO

ADDITIONAL INFORMATION: _____

OBSTETRIC INFORMATION (Please Circle or Enter Details as Applicable)

EDD: _____ PARITY: _____ CURRENT ANTIBODY TITRE: _____

CURRENT ANTI-D PROPHYLAXIS: YES / NO DATE: _____ DOSAGE: _____

ADDITIONAL INFORMATION: _____

REASON(S) FOR REFERRAL (Please Tick or Enter Detail as Applicable)

ABO INVESTIGATIONS/ANOMALIES		RhD TYPE CONFIRMATION		ANTIBODY IDENTIFICATION	
ANTIBODY QUANTIFICATION		HAEMOLYTIC TRANSFUSION REACTION		ANTENATAL/RENAL TITRATION	
DARA DTT/MONOCLONAL THERAPIES		CROSSMATCH		ADDITIONAL SAMPLES REQUESTED BY SNBTS	

OTHER _____ COPY OF RESULTS ATTACHED: YES / NO

DETAILS OF RED CELL ANTIBODIES (If Applicable): _____

Enter: "Blood Group Genotyping Programme" in "Other" field

8) Send NATF 1648, 4A Molecular Diagnostics Sample request form and sample tube to National Genotyping Laboratory, Gartnavel, Glasgow, **via your local SNBTS Patient Services laboratory** using local sample transport arrangements.

9) Please record sample receipt and transport in local log for audit and monitoring

Instruction for SNBTS, Patient Services Laboratories

Complete NATF 1307 (see below)

NATF 1307 03
(Relates to SOP No. NATS CLS 091

REQUEST FORM FOR REFERRAL OF SAMPLES FOR RBC PCR-SSP GENOTYPING

National Services Scotland

Samples must be referred in line with SNBTS policy NATP CLIN 043

Please ensure samples are clearly labelled with Surname, Forename, DOB, CHI/Hospital number, and Gender. Sample tubes must be handwritten, dated, timed and signed by the person taking the sample. Use of addressograph labels on samples is prohibited. There must be no discrepancies between the details on the sample tube and request form.

PATIENT INFORMATION (ensure all sections of form are completed prior to referral)

Surname: _____ Forename: _____

DOB: ___/___/____ CHI/Hosp No_____ Hospital: _____

Gender: _____ Diagnosis:

Reason for Referral: _____

RCI Sample Number: _____

TESTING REQUIRED:

Please tick relevant box:

ABO (01, 02, B, A, A2) ☐

CDE (C, Cw, c, E, e, D exons 1-7, 9, 10 and other variants) ☐

WEAK D (Weak D type 1, 2, 3 and a range of variants) ☐

FULL GROUP (D exons 3, 5, 10, C, Cw, c, E, e, K, k, Jka, Jkb, Fya, Fyb, M, N, S, s, and other rare types) ☐

RARE TYPES (low and high incidence types) ☐

Enter: "Blood Group Genotyping Programme"
No requirement to select "Testing required"

10) Send NATF 1307, 4A Molecular Diagnostics Sample request form and sample tube to National Genotyping Laboratory, Gartnavel, Glasgow, using local sample transport arrangements.

11) Please record sample receipt and transport in local log for audit and monitoring and retain any NATF 1648 for reconciliation of results returned for reporting.

For more information about Scottish testing arrangements, please email nss.BGGenPrgTestEnquiries@nhs.scot

NATL 493 03