|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| BLOOD TRANSFUSION | | | | | Isohaemagglutinin IgM Titres | | | | | | | | | [GOSH FT_Logo_Colour_RGB.png](http://goshweb.pangosh.nhs.uk/corporate/communications/Documents/Brand%20Hub/GOSH%20FT_Logo_Colour_RGB.png) | |
|  | | | | | | | | | | | | | | | |
| Patient details | | | | | | | | | | | | | | | |
| Surname | | |  | | | | | | | | | Referral hospital | | |  |
| Forename | | |  | | | | | | | | | Hospital number | | |  |
| Date of birth | | |  | | | | | Sex | M F | | | NHS number | | |  |
| GOS hospital number | | |  | | | | | | | | | Contact number | | |  |
|  | | | | | | | | | | | | | | | |
| Sample details | | | | | | | | | | | Clinical details | | | | |
| **Date** |  | | | **Time** | | |  | | | | **pre transplant post transplant other** | | | | |
| **Sample taken by** | | **Name (print)** | | | | |  | | | | | | | | |
| **Signature** | | | | |  | | | | | | | | |
| **Sample requirement 3ml EDTA blood** Samples must arrive within 24 hours of collection | | | | | | | | | | | | | | | |
| Samples must be labelled at the patient’s side immediately after being taken, using information from an ID wristband attached to the patient.  Label with; surname, forename, hospital number, date of birth, date and time of collection, signature (handwritten samples only). Two forms of labelling are acceptable;   * **Demand printed label** (eg BloodTrack)   + Using the ID badge of the staff member who identified and bled the patient.   + (other sticky labels are not acceptable). * **Handwritten**   + Written and signed by the person who identified and bled the patient. | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Tests** | | | | | | | | | | **For laboratory use** | | | | | |
| **Isohaemagglutinins IgM** | | | | | | **✓** | | | | **Patient group** | | |  | | |
| **blood group** | | | | | | **✓** | | | | **Donor group** | | |  | | |
| Please note that the sample will not be tested for alloantibodies.  Please contact the laboratory if an antibody screen is required.  0207 813 8527 (direct line)  0207 405 9200 ext 8527 or 0113 | | | | | | | | | | **Previous isohaem result** | | | | | |
| **Anti-A** | | |  | | |
| **Anti-B** | | |  | | |
|  | | | | | | | | | | | | | | | |
| **Delivery address** | | | | | | | | | | Address for return of results and invoice | | | | | |
| Blood Transfusion Laboratory  Level 1  Camelia Botnar Laboratories  Great Ormond Street Hospital  Great Ormond Street  WC1N 3JH | | | | | | | | | |  | | | | | |
| Results may be viewed on our website  [**https://goshlink.gosh.nhs.uk/outreach/common/epic\_login.asp**](https://goshlink.gosh.nhs.uk/outreach/common/epic_login.asp) | | | | | | | | | | | | | | | |