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

3A HISTOCOMPATIBILITY & IMMUNOGENETICS

Platelet Refractoriness / Transfusion Reactions

NHS Blood and Transplant

IMPORTANT: Please ensure that the three points of identification used on this form and all samples match. Please use BLOCK CAPITALS to complete.

Essential information included in this box must be completed, or the sample may not be tested.

Patient/Donor Details

Surname

Forename

NHS/CHI No.

NHS ☐ Non-NHS/Private ☐

DOB DD/MM/YY

Sample type (if not peripheral blood) .....

Sample Date DD/MM/YY

Requester Details

Name of Requester

Department .....

Hospital Name, Full Address and ODS code† .....

.....

.....

Purchase Order No. (if applicable) .....

Signature .....

I acknowledge that by making this referral, I am agreeing to NHSBT's terms and conditions, subject to NHSBT's acceptance of the contents of this request form.*

Sample time (time taken) :

Hospital number

Alternative ID

Male ☐ Female ☐

Diagnosis / Treatment / Test Reason / Relevant Clinical Information

Name of Consultant

Contact No.

Additional copy of report(s) to: .....

Billing Name/address (if different from above) .....

.....

.....

.....

URGENT INVESTIGATIONS – Telephone the laboratory before sending any samples.

Send ALL samples at ambient temperature. Tick box(es) of test(s) required and supply relevant information as required.

Platelet Refractoriness: HLA antibody testing and typing

☐ Initial Investigation of Platelet Refractoriness (HLA type and antibody screen (6ml EDTA & 6ml clotted))

☐ Follow up Investigation of Platelet Refractoriness (6ml clotted)

For HPA testing, please use form 3D. HPA testing is only required if the patient is refractory following transfusion of HLA selected platelets.

Send TRALI and Transfusion Reaction samples direct to H&I Filton

TRALI

☐ Transfusion-related acute lung injury (TRALI) (Pre-transfusion sample: 6ml EDTA and 6ml clotted from the patient). Provide (if known) patient/donor TRALI case reference number ……..…… and donation numbers of all blood products transfused less than 24 hours before event.

Transfusion Reactions

☐ Transfusion-associated Graft versus Host Disease (TaGVHD): (STR testing) – Discuss sample requirements with H&I Consultant.

☐ Severe febrile non-haemolytic transfusion reaction screening for HLA, HNA & HPA antibodies (2 X 6 ml EDTA and 2 X 6 ml clotted) – Discuss with the NHSBT Medical Consultant before sending.

For Post Transfusion Purpura (PTP) use form 3D.

NHSBT use only

FRM745/4.1

ISBT 128 label (Molecular)

ISBT 128 label (Serological)

Number of each sample received

☐ EDTA ☐ Clotted ☐ Other

Comments:

Signature

Date Received

For Your Information: Send all samples at ambient temperature

Address all samples to **"H&I - Diagnostic Specimens"** and use the correct address for the laboratory.

NHSBT CENTRE	ADDRESS	Phone - LAB	OUT OF HOURS
Barnsley	Barnsley Blood Centre (Unit D), Capitol Way, Dodworth, Barnsley, S75 3FG	01226 86 8241	01226 86 8061
Birmingham	Vincent Drive, Edgbaston, Birmingham, B15 2SG	0121 278 4108	0121 278 4037
Filton	500 North Bristol Park, Northway, Filton, Bristol, BS34 7QH	0117 912 5733	0117 912 5724
Colindale	Charcot Road, Colindale, London, NW9 5BG	020 8957 2923	020 8957 2800
Newcastle	Holland Drive, Barrack Road, Newcastle upon Tyne, NE2 4NQ	0191 202 4410	0191 202 4500
Tooting	Cranmer Terrace, Tooting, London, SW17 0RB	020 3123 8347	020 3123 8352

Other H&I test request forms

3A	Platelet Refractoriness / Transfusion Reactions
3B	Organ Transplant (Patients & Donors)
3C	Haematopoietic Stem Cell Transplantation (Recipients & Donors)

3D	Platelet Immunology
3E	Granulocyte Immunology
3F	Disease Association / Drug Hypersensitivity / H&I Research

Consent

It is the responsibility of the requester submitting a sample, to ensure informed consent has been obtained for all tests, including genetic tests in accordance with current guidance and legislation. Unless written notice is received, consent for both investigations and the use of any surplus sample in scheduled purposes (quality control, staff development or ethics committee approved research) will be assumed.

IMPORTANT: Sample labelling / completion of request form

Three points of identification must be used on the form and on the sample tubes (tube and form details must agree): **1.** Forename AND surname **2.** Date of birth **3.** NHS/CHI No. (essential where available; if not available another unique identifier must be supplied).

Further copies of this form and MPD1108 "*H&I Requirements for Sample Labelling and Request Form Completion*" can be obtained from: http://tinyurl.com/h-i-forms.

In general, smaller volumes are permissible in infants - please contact your laboratory for help and advice.

Blood sample integrity, storage & transportation

Urgent samples must be marked urgent and discussed with the appropriate laboratory before dispatch.

Samples should be transported at ambient temperature and delivered to the laboratory in a timely manner preferably within 24 hours of collection to ensure sample age is not a limitation factor for testing. Acceptance limits for sample age can be obtained from INF136 "*H&I User Guide*" https://tinyurl.com/y6r4z5dw.

Prior to transportation, samples can be stored at 4°C before sending. Samples that are sent to NHSBT must be labelled and packaged as Biological Substance Category B, UN 3373 and must meet PI650. Please contact your local H&I laboratory for help and advice.

Further information

All information provided to NHS Blood and Transplant is used in accordance with the General Data Protection Regulation (GDPR) and all other applicable privacy legislation. For more information on how we look after personal details or to find out more about privacy rights visit www.nhsbt.nhs.uk/privacy or call 0300 123 23 23. NHSBT is committed to keeping data safe and confidential.

NHSBT H&I information can be found at https://tinyurl.com/y4xre49f

† ODS code refers to the NHS Hospital location code, previously known as the NACS organisation code or NHSIA location code eg RJ701 or RQ8MY.

***** NHSBT terms and conditions https://tinyurl.com/qlvpe54