

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



# HISTOCOMPATIBILITY & IMMUNOGENETICS

Platelet Immunology



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.

<b>Patient/Family Member Details (delete as applicable)</b> <b>A SEPARATE FORM must be completed for each member of a NAIT family</b> Surname <input type="text"/> Forename <input type="text"/> NHS/CHI No. <input type="text"/> NHS <input type="checkbox"/> Non-NHS/Private <input type="checkbox"/> DOB DD/MM/YY <input type="text"/> Sample type (if not peripheral blood) ..... Sample Date DD/MM/YY <input type="text"/> 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.*	<b>Requester Details</b> Name of Requester <input type="text"/> Department ..... Hospital Name, Full Address and ODS code† ..... ..... Purchase Order No. (if applicable) ..... Signature ..... Name of Consultant <input type="text"/> Contact No. <input type="text"/> Additional copy of report(s) to: ..... Billing Name/address (if different from above) ..... .....
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Sample time (time taken)  :   
 Hospital number   
 Alternative ID   
 Male  Female   
 Full address and postcode .....  
 .....  
 .....

Name of Consultant   
 Contact No.   
 Additional copy of report(s) to: .....  
 Billing Name/address (if different from above) .....  
 .....  
 .....

## Relevant Clinical Information

**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.

<input type="checkbox"/> <b>Fetal/Neonatal Alloimmune Thrombocytopenia (NAIT)</b> Date of delivery/EDD DD/MM/YY <input type="text"/> Length of gestation ...../40 weeks Platelet count: Neonatal .....x10 <sup>9</sup> /l Maternal .....x10 <sup>9</sup> /l Mother's name ..... DOB <input type="text"/> NHS/Hosp. No. .... <input type="checkbox"/> <b>Investigation of Platelet Refractoriness due to HPA<sup>1</sup></b> <input type="checkbox"/> HPA type <input type="checkbox"/> HPA antibody screen <input type="checkbox"/> <b>Autoimmune Thrombocytopenia<sup>2</sup></b> Platelet count .....x10 <sup>9</sup> /l Date taken <input type="text"/> Date of last platelet transfusion <input type="text"/>	<input type="checkbox"/> <b>Heparin Induced Thrombocytopenia (HIT)</b> Platelet count: Initial .....x10 <sup>9</sup> /l Current .....x10 <sup>9</sup> /l Heparin started <input type="text"/> 4T score ..... <input type="checkbox"/> <b>Other drug induced antibody mediated thrombocytopenias<sup>2</sup></b> Drug name ..... Drug started <input type="text"/> Platelet count .....x10 <sup>9</sup> /l <input type="checkbox"/> <b>Post Transfusion Purpura (PTP)</b> Date of transfusion <input type="text"/> No. of units given ..... Platelet count: Pre transfusion ..... x10 <sup>9</sup> /l Post transfusion ..... x10 <sup>9</sup> /l
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**Notes:** Please complete all date fields **DD/MM/YY**  
 1. Your sample will NOT be tested unless initial HLA antibody investigation has been carried out first.  
 2. Please discuss ALL cases with the laboratory prior to taking samples (see overleaf).

**Platelet membrane glycoprotein estimation**  
 Glanzmann's  Bernard Soulier syndrome  Other  
 DNA analysis of thrombasthenias

## NHSBT use only

ISBT 128 label (Molecular)	ISBT 128 label (Serological)	Number of each sample received <input type="text"/> EDTA <input type="text"/> Clotted <input type="text"/> Other	Signature Date Received
Comments:			



## 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
Filton	500 North Bristol Park, Northway, Filton, Bristol, BS34 7QH	0117 921 7372

### Other H&I test request forms

3A	Platelet Refractoriness / Transfusion Reactions	3D	Platelet Immunology
3B	Organ Transplant (Patients & Donors)	3E	Granulocyte Immunology
3C	Haematopoietic Stem Cell Transplantation (Recipients & Donors)	3F	Disease Association / Drug Hypersensitivity / H&I Research

### Telephone reporting of HIT results

HIT results will ONLY be reported by telephone if contact details of the appropriate responsible person are provided. Please provide contact name and number overleaf.

### 4T Score HIGH / INTERMEDIATE / LOW

\*\* 4T evaluation score - refer to BCSH guidelines 'Management of HIT' For current version please refer to <http://www.bcshguidelines.com/index.html> (Click "View guidelines").

A score of 6-8 is associated with a high probability of HIT. A score of 4-5 is associated with an intermediate probability. A score of 0-3 means there is a low probability

### 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.

### Sample requirements

**NAIT:** mother (6ml Clotted & 6ml EDTA); father (6ml EDTA); baby (1ml EDTA).

**Platelet transfusion refractoriness:** 6ml clotted blood for HPA antibody screen; 6ml EDTA for HPA typing.

**Autoimmune thrombocytopenia:** 6ml clotted and 18ml EDTA. Sample must be <72 hours from the bleed date. **Discuss the case with the laboratory before taking samples.** The patient should not have received platelet transfusions in the last 7 days prior to taking samples and the platelet count of the patient should be <100x10<sup>9</sup>/L. Samples should not be refrigerated.

**Heparin Induced Thrombocytopenia (HIT):** 6ml clotted blood.

**Other drug induced antibody mediated thrombocytopenias:** 6ml clotted blood, a sample of the implicated drug(s) together with the pharmacological concentration used. **Discuss the case with the laboratory before taking samples.**

**Post Transfusion Purpura (PTP):** 6ml clotted & 6ml EDTA.

**Platelet membrane glycoprotein estimation:** Citrated blood from patient and a travelling control from an unrelated, normal individual. Please discuss all thrombasthenia cases, including requests for DNA analysis, with the laboratory before sending.

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 Filton H&I laboratory before dispatch.

Samples should be transported at ambient temperature and delivered to the Filton H&I laboratory in a timely manner. Samples for AITP and platelet crossmatching **must** reach the laboratory within 72 hours of venesection. Samples will not be tested if they are greater than 5 days old on receipt in the laboratory. Acceptance limits for sample age can be obtained from INF136 "H&I User Guide" <https://tinyurl.com/y6r4z5dw>

Samples that are sent to NHSBT must be labelled and packaged as Biological Substance Category B, UN 3373 and must meet PI650.

### 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](http://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 e.g. RJ701 or RQ8MY.

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

