MOLECULAR IMMUNOHAEMATOLOGY REFERENCE LABORATORY

Aberdeen & NE Scotland Blood Transfusion Centre

NHS National Services Scotland

Request for DNA Genotyping

Patient / Donor Details	
Surname	
First Name	
Date of Birth	
Previous BTS Number	
CHI Number	
Hospital Unit Number	
Sample Date & Time	
High Infection Risk?	
Ethnic Origin of Patient	
Blood Group of Patient	

Tests Requested	
Partial & Weak RHD Genotyping	
RHD Zygosity	
RHC/c Genotyping	
RHE/e Genotyping	
KELL Genotyping	
Fy^a/Fy^b Genotyping	
Jk^a/Jk^b Genotyping	
Other (please specify):	

Sample Type(s) Enclosed (tick boxes)

2x7mL EDTA blood from patient / donor	

Reason for request and relevant clinical history:
(please attach copies of any relevant reports)

Consultant Responsible: ______________________________

Please send samples to:

c/o Professor SJ Urbaniak
Molecular Immunohaematology Laboratory
Scottish National Blood Transfusion Service
Foresterhill Road, ABERDEEN, AB25 2ZW
Tel: 01224 685685, Fax: 01224 698899
E-mail: stanislaw.urbaniak@nhs.net / annetaylor@nhs.net

NEBTS LABORATORY USE ONLY	
Sample No:	Traceline ID No:
H&I ID No:	Date & Time Received:

Name & Address of Sender: [PLEASE PRINT]

Name:
Address:

Telephone:
Fax:
E-mail:
Signature:

Name and address for reply, if different from sender: [PLEASE PRINT]