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| --- | --- | --- |
| BLOOD TRANSFUSION | Isohaemagglutinin IgM Titres | GOSH FT_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 1Camelia Botnar LaboratoriesGreat Ormond Street HospitalGreat Ormond StreetWC1N 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) |