

Sample requirements: Whole Blood sample 7.5ml **EDTA** bottle. (Sarstedt bottle preferable but Greiner Vacuette 6ml samples can also be accepted.) **NB Must be EDTA**

The sample must be **handwritten** and labelled in accordance with requirements for Blood Transfusion, i.e. **Patient's full name (forename and surname), date of birth, the patient's address (1st line of address OR Eircode) and must be signed.** Labelling of the specimen should be checked against the request form prior to sending to the CWIUH, as any discrepancies in specimen labelling will result in sample rejection.

Rec'd (Lab Use Only)

Gestation and clinical details should also be completed.

CWIUH Hospital No <i>(If available)</i>		Lab No <i>(Lab Use Only)</i>	
Surname		Practice Name / GP	
Forename		<i>GP / Practice Address</i>	
Date Of Birth	Sex		
Patient's Address		Requested by	
		Specimen Collection Date:	Time:
		Specimen Collection by	
		Contact No	
Request	Please complete details below		
Group and antibody screen <input type="checkbox"/>	Gestation ABO Group.....RhD group..... Unknown <input type="checkbox"/> Ig Anti-D Given No <input type="checkbox"/> Yes <input type="checkbox"/> <i>(If yes complete below)</i> Unknown <input type="checkbox"/> <div style="display: flex; justify-content: space-around;"> Date Dose administered </div>		
URGENT REQUEST MUST BE VERBALLY COMMUNCIATED Telephone number 01-4085279			

Example EDTA sample label

Surname	<i>Bloggs</i>
Forename	<i>Josephine</i>
DOB	<i>01/01/2000</i>
Hosp No.	<i>D08 XW7X</i>
Ward	<i>GP</i>
Time	<i>16:20</i>
Date	<i>13/02/2019</i>
Signature	<i>FG</i>