

Consent for Release of Neonatal Test Results to Canadian Blood Services

Clinic Staff: Please attach completed survey to the International Blood Group Reference Laboratory Requisition. This information will enable us to contact the delivery hospital to obtain important test results on the neonate. This information is important for validating the genotyping technology in the perinatal setting, and to assess the value of the fetal genotyping program. Thank you for your assistance in completing this survey.

| Mother's Last Name: | | |
|------------------------|-----------|-------|
| Mother's First Name: | | |
| Baby's Last Name: | | |
| (if different than | | |
| Mother's) | | |
| Baby's PHN: | | |
| (if available) | | |
| Intended Hospital For | | |
| Delivery: | | |
| Primary Care/Referring | | |
| Physician: | Name: | - |
| | Location: | |
| | Location. | |
| | | |
| | | |
| | | |
| | | |
| | Phone #: | |
| | | |

Mother/Patient: Your blood sample being collected today will be tested to provide a blood type for your baby using a genetic testing method. Following delivery, testing of your baby's red blood cells, taken from the umbilical cord, will be done. Cord blood testing is done routinely at the time of every delivery and does not require a blood sample from the baby. The tests performed will include the blood type, the direct antiglobulin test, and a special red cell phenotype. The blood type result from your current blood sample will be compared to the blood type of your baby at the time of delivery. Canadian Blood Services will contact the hospital where your baby is born and ask for your baby's test results. The baby's blood type results will be shared with the reference laboratory performing the genetic testing on your blood sample. The above information and your consent are required in order for us to perform the genetic testing.

I agree to the testing above and to the release of my baby's test results to Canadian Blood Services and to the International Blood Group Reference Laboratory. No other use will be made of this information.

| Print name: | Date: | |
|-------------|-------|--|
| | | |

Signature:_____

If you have any questions regarding completing this survey please contact Gerri Barr, Canadian Blood Services Perinatal Supervisor @ 780-431-8724.