

# Fetal Genotyping from Maternal Plasma

## Keep Samples at ROOM TEMPERATURE

All information must be **complete**, or testing will not be performed.

### Specimen Collection/Shipping Instructions

- **KEEP and SHIP SAMPLES AT ROOM TEMPERATURE**
- **Indicate ROOM Temperature on shipping box**
- **Send samples same day of collection to Diagnostic Services Laboratory. Samples must be received within 24 hours of collection**
- **Label tubes with full name, PHN (or other unique number) and date and time of collection**
- **Ensure information on specimens EXACTLY MATCHES information on requisition**

☐ **Mother – Draw 4 x 6mL EDTA**  
(Or 6-7 x 4 ml EDTA )

☐ **Father – Draw 1 x 6mL EDTA**  
(Required only if mother has Anti-D)

### Maternal Information (Maternal Label - optional)

Last Name of Mother		Legal First Name	
Date of Birth (dd-mmm-yyyy)		Personal Health Number PHN (or Unique number if no PHN)	

### Paternal Information (Complete Mother's information if submitting Father's specimen)

Last Name of Father		Legal First Name	
Date of Birth (dd-mmm-yyyy)		Personal Health Number PHN (or Unique number if no PHN)	

### Physician / Midwife (Requestor)

Physician / Midwife Name		Billing Number (BC Patients Only)	
Address City		Province	Postal Code
Clinic Name		Fax Number	Phone Number
Copy to: Physician/Program		Fax Number	Phone Number
Address City		Province	Postal Code

Collection Date (yyyy-mmm-dd)	Collection Time (24 hr)	Collected by	Collection Facility

Canadian Blood Services, Diagnostic Services,  
BC&Y Centre  
4750 Oak Street, Vancouver, BC, V6H 2N9  
Fax (604) 874-6582  
Phone (604) 707-3527

Canadian Blood Services, Diagnostic Services,  
Edmonton Centre  
8249-114 Street, Edmonton, AB, T6G 2R8  
Fax (780) 431-8759  
Phone (780) 431-8747