

**CANADIAN BLOOD SERVICES - WINNIPEG CENTRE**

777 William Ave., Winnipeg, MB R3E 3R4

**PERINATAL LABORATORY**

**REQUEST FOR CORD / NEONATE BLOOD TESTING**

Fax Report to \_\_\_\_\_  
 Facility \_\_\_\_\_ Ward \_\_\_\_\_

Fax No. \_\_\_\_\_ Phone No. \_\_\_\_\_

cc To: \_\_\_\_\_ Fax No. \_\_\_\_\_

**Delivery Date/Time** \_\_\_\_\_

- Mother's information: DAT Required:
- Rh Negative  Jaundiced
- Rh Positive
- Rh Unknown
- Known Antibody Patient

**Requisition Requirements**

- Maternal and Cord samples each require a separate requisition. Use the Request for Perinatal Testing requisition ( Rh101 ) for the Mother's sample.
- For multiple births, each infant must have a separate requisition and sample

**Sample Requirements**

- Cord EDTA ( lavender top )
- Neonate 1 microtainer EDTA ( lavender top )  
 Minimum volume 250 µL

PHN \_\_\_\_\_

MRN # \_\_\_\_\_

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

DOB \_\_\_\_\_  
 YYYY - MM - DD

Date Collected \_\_\_\_\_

Physician/Authorized Healthcare Provider \_\_\_\_\_  
 (Last Name) (First Name)

**FULL Last Name and FULL First Name must be recorded**

- CORD SAMPLE - USE MATERNAL NAME PLATE OR PRINT
- NEONATE SAMPLE - USE NEONATE NAME PLATE OR PRINT

**If sending Neonate sample, complete the section below.**

Mother's Last Name \_\_\_\_\_

Mother's First Name \_\_\_\_\_

Mother's PHIN \_\_\_\_\_

Mother's MRN # \_\_\_\_\_

Collected at  
 Facility \_\_\_\_\_ Ward \_\_\_\_\_

Phlebotomist \_\_\_\_\_

Print Name \_\_\_\_\_ Classification \_\_\_\_\_ Initials \_\_\_\_\_

Collection Date \_\_\_\_\_ Time \_\_\_\_\_  
 YYYY - MM - DD

Collection Procedure	Step	Responsibilities of Phlebotomist (person collecting and labeling the sample)
	1	The Phlebotomist must positively identify the patient.
	2	The Phlebotomist must attach the completed specimen label from the upper right corner of this requisition to the sample or label the samples legibly using indelible ink. Label the sample(s) immediately after the collection and before leaving the patient's side.  <b>Cord samples are to be labeled with:</b> <ul style="list-style-type: none"> <li>• <u>Mother's</u> Last name and first name</li> <li>• <u>Mother's</u> PHIN and / or MRN</li> <li>• Date of Collection</li> </ul> <b>Neonate samples are to be labeled with</b> <ul style="list-style-type: none"> <li>• <u>Neonate's</u> Last name and first name (as per addressograph)</li> <li>• <u>Neonate's</u> PHIN and / or MRN</li> <li>• Date of Collection</li> </ul>
	3	The phlebotomist must complete the requisition by <ul style="list-style-type: none"> <li>• printing his/her name, classification, initials</li> <li>• recording the date and time of collection</li> </ul>
	4	<b>Error Correction</b> <ul style="list-style-type: none"> <li>• Cross out erroneous information with a single line, record the correct information and initial the correction</li> <li>• Use of correction fluid or correction tape will result in rejection of sample</li> </ul>

**FOR LABORATORY USE ONLY**

Accession Number	Entered by	Reception	Verification	Historical Maternal Results
				ABO/Rh _____
				Antibody _____
				Last Treat Date _____
				IMPP RhIG Required Yes No