Canadian Blood Services

Diagnostic Services Laboratory
8249-114 Street
Edmonton, AB T6G 2R8
Phone: 780-431-8765 Fax: 780-431-8779

Canadian Blood Services
it's in you to give

Request for RHD Genotyping

Requests must be approved by a consultant pathologist or CBS Physician

Patient Information (Labels may be used)	Referring Facility Information
LAST NAME: FIRST NAME: PHN/ULI: Hospital Number: Date of Birth: Gender:	Name: Address: Phone: Fax : Email address: Referring Physician:

Clinical Diagnosis and/or Pre-existing condition(s)	
Ethnicity	☐ Caucasian ☐ African Descent ☐ Hispanic ☐ Aboriginal ☐ Asian ☐ Other_____ ☐ Unknown
Known Antibodies (List and indicate Allo/Auto)	
RBC phenotype (serology)	
Transfusion History	☐ No ☐ Unknown ☐ Yes If yes, date of last transfusion: Number of units transfused:
Ongoing transfusion requirement?	☐ No ☐ Yes
Stem Cell/Bone Marrow Transplant	☐ No ☐ Yes ☐ Autologous ☐ Allogeneic Transplant date:

Testing Information

Reason Requested	☐ Prenatal testing for weak or partial RhD phenotype ☐ Confirmation of weak or partial RhD phenotype ☐ Other (please provide additional information):_____

Specimen Information

Date/time of collection:

Mode of transport and expected date of arrival:

- Submit EDTA (purple top) specimen- minimum 2mL of **whole blood**
- Samples must be received by CBS Edmonton Center for testing **within 14 days of sample collection**
- Send copies of all worksheets related to RhD testing which include results attained with each anti-D reagent used
- Notify Edmonton Diagnostic Services when submitting sample by faxing copy of completed requisition to 780-431-8779 OR phoning 780-431-8765
- General inquiries may be directed to genotyping.edm@blood.ca

FOR EDMONTON DIAGNOSTIC SERVICES USE ONLY

Sample label applied to genotyping testing log Initial:_____

Canadian Blood Services Label