

REQUEST FOR INVESTIGATION BY REFERENCE LABORATORY

REASON FOR ISSUE: Add date sent, remove crossmatch worksheet, re-order.

Reference Laboratory Event no.

Reference Laboratory Use only

Sample / request details for Progesa registration and reporting

Facility:	Ward:	Sex:	DoB:
Surname:		NHI:	
Given names:		Consultant:	
Sample collection time & date:		hr / /	

<input type="checkbox"/> Routine	<input type="checkbox"/> Urgent must be confirmed by phone (09 523 5730)	Referring lab's Event/specimen No
Referred from (lab / BB):		
Sent by: / /		

Please send report/s to	<input checked="" type="checkbox"/> Facility & ward above	<input type="checkbox"/> Referring Lab/BB above	<input type="checkbox"/> Extra reports to (specify)
GP or midwife contact (if applicable):			

Request for investigation of		<input type="checkbox"/> Crossmatch and supply units from central stocks	
<input type="checkbox"/> ABO group	<input type="checkbox"/> Rh(D) type units	required on: / / by hr
<input type="checkbox"/> Antibody identification / confirmation		<input type="checkbox"/> Crossmatch units from segments supplied by referring BB (attach copy of any relevant phenotyping results)	
<input type="checkbox"/> Titre	<input type="checkbox"/> Phenotype	Unit number & any other relevant details	Segment number
<input type="checkbox"/> Antibody adsorption			
<input type="checkbox"/> Other			

Relevant clinical, transfusion and serological findings
<input type="checkbox"/> Include EDD if patient pregnant <input type="checkbox"/> Attach copy of relevant local results <input type="checkbox"/> Attach copy or original of the request form you received