

## Referral and Sampling Guide

### Fill the form and mark the sample container

#### ① Identification

If possible, state the full name and date of birth.

If appropriate, give other identification numbers e.g. :

Hospital number, social security number.

If sending amniotic fluid for fetal blood group genotyping, mark the identity of the fetus as "Unborn child to ....."

*The mother's name and date of birth*

#### ② Ethnic/geographic origin

If possible, describe the patient's ethnic origin. This information is not mandatory but is helpful, especially when genotyping the ABO and Rh systems, since genetic backgrounds of blood groups can differ significantly between ethnic groups.

#### ③ Antibody status

Note all antibody specificities present, even if the patient has antibodies to other blood groups that appear irrelevant for the requested test. If performed, complement with results from antibody titration or quantification tests.

Record the mother's antibody specificities when sending amniotic fluid or a maternal blood sample for fetal blood group genotyping.

#### ④ Nature of the sample

When sending DNA, describe the sample or cell source (e.g. peripheral blood, buccal smear, urine etc).

#### ⑤ Phenotype

Note, if possible, the phenotype by graded reactions or attach a copy of the testing protocol. Record the mother's phenotype when sending amniotic fluid or a maternal blood sample for fetal blood group genotyping.

#### ⑥ Genotype

Note, if performed, results from previously performed genotype analysis.

#### ⑦ Analysis

Mark or describe the requested analysis.

#### ⑧ Sampling

Peripheral blood: One, or optimally two, EDTA or CPD/ACD tubes.

Do not open tube after sampling if possible. This is especially important if analysis of fetal DNA in the mother's plasma will be performed.

Amniotic fluid should be dispensed into a sterile tube or container without any additive. A sample volume of 5-10 mL is desirable. Less is possible.

### Transportation and address

Label the package with storage conditions. Preferably, send samples by 'express' mail, courier or by air freight ensuring door-to-door delivery to:

**Labmedicin**

**Klinisk immunologi och transfusionsmedicin**

**Blodgruppsgenomisk typning**

**Akutgatan 8, SE-221 85 Lund, Sweden**

### Questions?

[asa.hellberg@med.lu.se](mailto:asa.hellberg@med.lu.se) or [Martin\\_L.Olsson@med.lu.se](mailto:Martin_L.Olsson@med.lu.se)

# Request for Genomic DNA Typing of Blood Group Antigens

Referring laboratory/center	Date of birth and/or identification number ①
Contact person	
Phone	
Fax	
Billing address	
VAT no.	For laboratory use only:          LID

Ethnic/geographic origin ②			Obstetric history	Pregnancies	Children	Ongoing pregnancy Gestation week		
	No Yes Date: <input type="checkbox"/> <input type="checkbox"/> .....			Blood group antibodies? ③	No Yes Specificities: <input type="checkbox"/> <input type="checkbox"/> .....			
Transfusion history?			Sample material ④		DNA? Prepared from what source?			
Mark with X or describe	Peripheral blood	Peripheral blood for analysis of fetal DNA		Amniotic fluid	Other? State source			
Phenotype ⑤	ABO	RhD	Additional phenotype information					
Genotype ⑥	If available:							
Analysis ⑦ (mark with X)	ABO incl. flow cytometry	RHD	RHCE	RHD zygosity	FY	JK	KEL	MNS (S/s)
Analysis combos	FUT2 (Secretor?)	P1/P2	CO	DO	VEL	DI	YT	LU
Analysis combos	Transfusion genotype RHCE, FY, JK, MNS, KEL DI, DO, CO, YT, LU (IDCORE <sup>XT</sup> )		Test RBC RHD incl. zygosity+ RHCE, FY, JK, MNS, KEL, DI, DO, CO, YT, LU (IDCORE <sup>XT</sup> )		High-frequency antigen screen (Co <sup>a</sup> , HPA1a, Lu <sup>b</sup> , Sc1, Vel)		Other genotype	
Sampling ⑧	Date			Signature				
Clinical information / reason for referral / questions								
The referring laboratory states that the patient has been informed and has given consent for the sample and personal details to be stored for further analysis. If the sample is sent for scientific purposes, the referring laboratory has obtained the necessary approvals and informed the patient that anonymized data may be included in future research studies.								
<input type="checkbox"/> NO, the patient does not agree.								
<input type="checkbox"/> YES, the patient has agreed to the above								

