Saskatchewan Health Authority

LIS Label Order Number Here

REQUEST FOR PRENATAL TESTING

Requesting Most Responsible Healthcare Practitioner (MRHP)
Name: _____
Clinic: _____
Address: _____
City: _____ Postal Code: _____
Fax #: _____ Phone #: _____

PATIENT DEMOGRAPHICS

Patient Last Name: _____

Previous last name if applicable: _____

Patient First Name: _____

HSN: _____

Date of Birth (dd/mon/yyyy): _____

Copies to	Phlebotomist to Complete
Copy to PRAMS	Date Collected (dd/mon/yyyy): _____ Time: _____
Copy to (if applicable): _____	Name (printed): _____
Clinic Name/Location/Address: _____	Signature: _____
_____	Referring Laboratory: _____
Fax #: _____ Phone #: _____	Referring Lab Order #: _____

Sample Information

☐ Initial Prenatal Visit ☐ 26-28 Weeks ☐ Antibody Follow-up ☐ Other: _____ ☐ Paternal Sample*

Expectant Patient's Information

Expected delivery date (dd/mon/yyyy): _____ ☐ Last Menstrual Period ☐ Ultrasound (Preferred) ☐ EDD Unknown

History of antibodies? ☐ Yes ☐ No ☐ Unknown If yes, describe: _____

RBC transfused in last 3 months? ☐ Yes ☐ No ☐ Unknown If yes, date (dd/mon/yyyy): _____

RhIg given this pregnancy? ☐ Yes ☐ No ☐ Unknown If yes, date (dd/mon/yyyy): _____

***Paternal Sample (Must be Completed for Sample Testing)**

Expectant Patient's Last Name: _____ Expectant Patient's First Name: _____

Expectant Patient's HSN: _____ Expectant Patient's Date of Birth (dd/mon/yyyy): _____

Collection Procedure and Sample Requirements

Information on sample(s) and requisition must be identical, complete and legible – see reverse page for minimum labelling requirements

SAMPLE MUST BE DRAWN PRIOR TO RhIg INJECTION

Collect

- Expectant patient samples: EDTA – 2 x 4 mL (lavender top)
- Paternal sample: EDTA – 1 x 4 mL (lavender top)

Completed by Prenatal Laboratory Only

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☐ Referred to Saskatoon – Please include antibody worksheets and antigram

Historical Blood Group: _____

Known antibodies: _____

☐ Tube D Testing Performed

☐ Referred for Genotyping

Tests Requested Saskatoon Only:

Date/Time Received: _____

☐ ABO/Rh Group and Antibody Screen

☐ Antibody Identification

☐ Antibody Titration

Saskatchewan Health Authority

Sample/Requisition Acceptance Criteria

The prenatal testing laboratory receiving the sample reserves the right to refuse samples that do not meet minimum standards as set by the Canadian Society of Transfusion Medicine (CSTM) and the Canadian Standards Association (CSA)

SAMPLE MUST BE DRAWN PRIOR TO RhIg INJECTION

Minimum Sample/Requisition Labelling Requirements

- Patient's first and last name (please also provide previous names if applicable)
- Patient's date of birth (DOB)
- Health Services Number (HSN) or other unique identification number
- Date/time of sample collection
- Signature of collector (phlebotomist's initials must match phlebotomist's name on requisition)

SAMPLE WILL BE REJECTED IF ANY SAMPLE/REQUISITION LABELLING REQUIREMENTS ARE MISSING, ILLEGIBLE OR DO NOT MATCH

Sample/Requisition Labelling Rejections

- Unlabelled
- Requisition and/or sample labelling discrepancy, mismatch, or missing key identifiers (Name/DOB/HSN or other unique identification number)
- Missing date of collection/proof of phlebotomist's identity (signature or initial required, with exception of collections using SoftID system)

Guidelines for Prenatal Testing

	Initial Visit	Father	26-28 Weeks	As Requested
Rh Unknown, First Pregnancy	X		X	
Rh Positive	X		**	
Rh Negative	X	If Requested	X	
Clinically Significant Antibodies Present	X	X		X

**Additional samples may be submitted for patients at risk of allo-immunization (previous transfusion, fetal trauma/procedure, IV drug use)

Fetal-Maternal Hemorrhage (FMH) Test (may include Kleihauer-Betke Stain) or Cord Blood Testing

Use Saskatchewan Health Authority/SaskBlood Referral Request for Transfusion Medicine Testing/RBC Crossmatch Requisition or local hospital requisition

Cell Free Fetal DNA Testing

- Must be ordered in consultation with a Maternal-Fetal Medicine specialist
- Contact Transfusion Medicine physician on call for direction and current requisitions

Prenatal Testing Laboratories

Routine Testing			Reference Testing
Transfusion Medicine Laboratory **Regina General Hospital** 1440 – 14th Ave. Regina, SK S4P 0W5 Phone: 306-766-4474 Fax: 306-766-4004	Transfusion Medicine Laboratory **Victoria Hospital** 1200 24th St. West Prince Albert, SK S6V 4B2 Phone: 306-765-6146 Fax: 306-765-6163	Transfusion Medicine Laboratory **St. Paul's Hospital** 1702 20th St. West Saskatoon, SK S7M 0Z9 Phone: 306-655-5168 Fax: 306-655-5101	Transfusion Medicine Laboratory **Royal University Hospital** Room G502, 103 Hospital Dr. Saskatoon, SK S7N 0W8 Phone: 306-655-2179 Fax: 306-655-2222