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\* Extra information: Medical relevant information on the patient / Deviating primary sample.

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April 2019

P	ati	en	t	

<u>Nan</u>	ne + initials:			
<u>d.o.</u>	<u>b.:</u>			
Add	<u> ress:</u>			
Pos	tal code + City:			
Cou	ı <u>ntry:</u>			
Date	e and time of sample:			
You	r reference/lab numbe	ər:	.Your patientnumber	
Re	port to be se	nt to:	Nota to be sent to:	
Nan	ne treating physician:		Hospital Name:	
Hospital name:		Address:		
<u>Department</u>		Postal code/City:		
Add	ress:		Country:	
Pos	tal code/City:			
Cou	ıntry:			
R	ed Blood C	ell Antibody Detection/lo	dentification	
_				
			Sample requirements	Shipment restrictions
	level	mmol/L	16 mL EDTA unclotted blood	.
	st RBC transfusio	nddmmyy	16 mL clotted blood	Arrival within 72 hours
Nu	mber of units			
Non-invasive Fetal Genotyping with maternal plasma				
	Fetal genotyping	Minimal age of gestation	Sample requirements	Shipment restrictions
	D, C, c, E	> 9 weeks but preference for ≥ 12 weeks	Mother: 30 mL EDTA	Arrival within 48 hours
	_, _, _, _	To the sat profession of a 12 works	Father: 10 mL EDTA	Ship at room temp.
	K1	≥ 14 weeks	idem	Arrival within 24 hours

Fetal genotyping	Minimal age of gestation	Sample requirements	Shipment restrictions
D, C, c, E	> 9 weeks but preference for ≥ 12 weeks	Mother: 30 mL EDTA	Arrival within 48 hours
		Father: 10 mL EDTA	Ship at room temp.
K1	≥ 14 weeks	idem	Arrival within 24 hours
	negative result repeated >20 weeks		Ship at room temp.
HPA-1a	>17 weeks but preference ≥ 19 weeks	idem	Arrival within 24 hours
	negative result repeated >20 weeks		Ship at room temp.

□D □C □c □E □K1 HPA-1a □

Laboratory monitoring in	pregnancy	(Titer and	ADCC)
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Sample requirements **Shipment restrictions** Gestational age: ..... Weeks 2-8°C

8 mL clotted blood Maternal Antibody(ies): .....

# Red Blood Cell Antigen Genotyping

□ RHCc □ RHEe □ JKAB □ MN □ Ss □ K1/K2

☐ FYAB (incl. GATA) ☐ Dombrock a/b

☐ RHD (MLPA) ☐ Full Profile (MLPA)

8 mL EDTA unclotted blood	
	Arrival within 5 days

# Please inform us by phone before sending the blood

Please make sure the blood will not arrive on

Friday-Sunday

**Shipping address:** Sanquin Diagnostics/ UDC

**Dept of Immunohematology Diagnostics (Q234)** 

Plesmanlaan 125

1066 CX Amsterdam

The Netherlands

#### Extra information\*:

Sample requirements

### Privacy / AVG:

For more information about the privacy regulation (AVG in Dutch, GDPR in English), please see our website: www.sanquin.org.

Arrival within 72 hours

Shipment restrictions

## Use of residual material for research

We may use residual, anonymised, patient material to optimise diagnostic tests to the benefit of patients. This can include validation, equipment calibration or scientific research. Sanguin implicitly assumes that the patient does not object to this use when receiving material for diagnostic testing.

According to the stringent Dutch Law, the health care professional is responsible for assuring that the patient agrees to the above (as mentioned in the 'no-objection clauses' in the Dutch law referred to as WGBO, Medical Treatment Contracts Act) and to inform us immediately of any objections before or after the material has been sent to Sanquin. Please, contact the management of Sanquin Diagnostic Services if your patient objects to this use of the material, or if you think that your patient could object; phone +31 20 5123479 or e-mail diagnostic.services@sanquin.nl