



# Exeter Genetics Laboratory

## NON-INVASIVE RHESUS-D FETAL GENOTYPING

THIS REQUEST FORM IS ONLY TO BE USED FOR RHESUS-D NEGATIVE PREGNANT WOMEN  
PLEASE **DO NOT USE** FOR SAMPLES FROM WOMEN WHO HAVE ANTI-D ANTIBODIES

### Patient details:

SURNAME:	CLINICIAN NAME:
FORENAME:	MIDWIFE:
D.O.B.: (DD/MM/YYYY)	CLINICIAN/MIDWIFE E-MAIL ADDRESS FOR REPORT: *Please note reports can only be sent to @nhs.net email addresses
NHS/CHI Number (IF UK PATIENT):	HOSPITAL:
ETHNIC ORIGIN	CITY:
PATIENT POSTCODE:	COUNTRY:
INVOICE ADDRESS:	

**EDD from dating Scan\*:** \_\_\_\_\_

\*The minimum gestation (by scan) is 12 weeks for accepting sample

**Date of Sample taken:** \_\_\_\_\_

### Sample Requirements: Please send maternal blood (15mls)

Blood samples **MUST** be taken in EDTA or Streck tubes and have three matching identifiers to be accepted. EDTA samples should reach the laboratory within 3 days of blood sampling, Streck tubes must arrive within 7 days.

Samples should be sent at room temperature to: RHD, Genetics Laboratory, RILD Level 3, Royal Devon & Exeter Hospital, Barrack Road, Exeter, EX2 5DW

For current prices please visit our website:

<http://www.exeterlaboratory.com/genetics/non-invasive-cell-free-fetal-rhesus-d-rhd-genotyping/>

For General Enquires: email: [rde-tr.moleculargeneticsadmin@nhs.net](mailto:rde-tr.moleculargeneticsadmin@nhs.net) Tel: 01392 408229