

## Perinatal Testing For Red Blood Cell Serology

**Collection Site Label**

Requisition **MUST** accompany  
sample

Edmonton Site 8249-114 Street NW T6G 2R8

- **For sample collection, patient to go to any routine blood collection site in Alberta.**
- Use this requisition when ordering any perinatal serology testing listed below.
- For further information on ordering and testing criteria, refer to the Canadian Blood Services website at:  
<https://blood.ca/en/laboratory-services/perinatal-testing-services-edmonton-ab>

**ALL INFORMATION MUST BE COMPLETED OR TESTING WILL NOT BE PERFORMED**

<b>Patient</b>	PHN	Alternate Identifier	Date of Birth (dd-mmm-yyyy)	
	Last Name	Legal First Name	Middle	Gender <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> X Non-binary/Prefer not to disclose
	Address	City/Town	Prov	Postal Code
<b>Delivery/RhIG Information</b>	Name of Delivery Hospital		Estimated Date of Delivery (dd-mmm-yyyy)	Last Menstrual Period (dd-mmm-yyyy)
	Rh Immune Globulin Given This Pregnancy (RhIG) <input type="checkbox"/> YES <input type="checkbox"/> NO		Date RhIG Given (dd-mmm-yyyy)	Gravida <input type="text"/> Para <input type="text"/>
<b>Maternal Information</b>	<p><b>NOTE:</b> If sample is from the Father, maternal information <b>must</b> be completed:</p> <p>Mother's Full Legal Name: _____ Mother's PHN: _____ (Last Name, First Name)</p> <p>DOB:(dd-mmm-yyyy) _____ EDD:(dd-mmm-yyyy) _____ LMP:(dd-mmm-yyyy) _____</p>			
<b>Requestor</b>	Requestor Name ( <i>last, first</i> )		Location/Facility/Address	
			Phone & Ext.	
			Fax	
	Copy to Name ( <i>last, first</i> )		Location/Facility/Address	
		Phone & Ext.		
		Fax		
<b>Collection</b>	Date (dd-mmm-yyyy)	Time (24 hr HH:MM)	Location	Collector ID
<b>Testing Required</b>	<b>Specimens MUST be drawn prior to injection of Rh Immune Globulin</b> <b>Mother and Father samples require separate requisitions for collection. Check only applicable boxes.</b>			
	<input type="checkbox"/> <b>Mother - Initial Screening - ABO/Rh, Antibody Screen</b> Collect one - 6 mL (13x100mm) EDTA tube			This Area for CBS Use Only  (CBS Accession Label)
	<input type="checkbox"/> <b>Mother - 26 Week Follow-up - ABO/Rh, Antibody Screen</b> Collect one - 6 mL (13x100mm) EDTA tube			
	<input type="checkbox"/> <b>Mother - Follow-up when antibody present - ABO/Rh, Antibody ID</b> Collect <b>two</b> - 6 mL (13x100mm) EDTA tubes			
	<input type="checkbox"/> <b>Father - Tested ONLY if requested by CBS Perinatal Laboratory</b> Mother's information must be completed when submitting Father Specimen. Collect one - 6 mL (13x100mm) EDTA tube			
Comments for collection site:				
Forward specimens and this requisition to Canadian Blood Services (Edmonton) for testing.				