



## Background

The Scottish National Blood Transfusion Service (SNBTS) will be offering access to the NHS Blood and Transplant (NHSBT) and NHS England blood group genotyping programme for patients in Scotland. This testing is available for patients living with inherited anaemias, including Sickle Cell Disorder (SCD), Thalassaemia, and other Rare Inherited Red Cell Disorders, who need regular blood transfusions for their health and well-being.

## **Instructions for Blood Banks**

You will receive the NHS Blood and Transplant 4A Molecular Diagnostics Red Cell HEA and HLA typing for patients form from your clinical areas. It can be found at the web address below:

31462-0061mv-frm7257-1-zxu2119-enabled.pdf (nhsbtdbe.blob.core.windows.net)

On receipt of the following request form and samples from the clinical areas:

1) Ensure the following details have been completed on the form (see below)

|                      | Flace labelled specifien in bag, remove prote   |   |                              |
|----------------------|---|---|------------------------------|
|                      | 4A<br>Red Cell (HEA) and HLA typing for patient<br>Sicke cell, thatasaemia and rare inherited anaemia blood gr<br>https://www.nhsbt.nhs.uk/what-we-do/clinical-and-research |   | Hand write in BLOCK CAPITALS |
|                      |   |   |                              |
|                      | Essential information included in this box must be  | completed, or the sample may not be tested. |                              |
|                      | Patient Details   | Requester Details                           |                              |
| Name                 | Surname   | Name of Requester                           |                              |
| Name                 | Forename  | Department                                  | Enquiro requestor            |
|                      | NHS No.   |   | Ensure requester             |
| CHI                  | Hospital number   | Hospital Name, Full Address and ODS code    | details provided             |
| •                    | Male Female   |   |                              |
|                      | Sex at birth:   |   |                              |
| Ensure DOB filled in |   |   |                              |
|                      | Sample date DD/MM/YY  |   |                              |
|                      | This service is for NHS patients only.  |   |                              |
|                      | Tick to confirm that the patient has consented to the te  | Box <b>MUST</b> be ticked                   |                              |
|                      | I acknowledge that by making this referral, I am agreeing to NHSBT's terms and contactoris, subject to NHSBT's<br>acceptance of the contents of this request form.          |   |                              |
|                      | Hospital sample ID  | Name of Consultant                          |                              |
|                      | Sample time taken   | Contact Email address                       |                              |
|                      | Ethnicity*: Please select ethnicity   |   |                              |
|                      | *Please indicate if not provided  | Additional relevant clinical information:   |                              |

Place labelled specimen in bag, remove protective strip, fold flap onto bag and seal firmly.

- 2) Ensure the correct sample type and volume has been provided (see below):
- Adults or children over 12 years 6 ml EDTA
- Children 6 months 12 years 2 ml EDTA
- Children less than 6 months 1 2 ml EDTA
- 3) Ensure the sample tube is **handwritten** and meets acceptance criteria for blood transfusion samples





- 4) Ensure the details on the request form and sample tube match
- 5) If any details on the request form are missing, please contact the clinical requester, on the same day if possible, to avoid the sample being rejected.
- 6) Once satisfied request form and sample tube have been correctly completed, please complete NATF 1307 (see below)

| (&)   | (Relates to SOP I<br>REQUEST FORM F   | 1307 03<br>No. NATS CLS 091<br>FOR REFERRAL OF<br>ICR-SSP GENOTYPING   | National<br>Services<br>Scotland          |                                      |             |
|---|---|--|---|--------------------------------------|-------------|
| Please ensur<br>number, and<br>person taking<br>be no discrep | must be referred in line w<br>re samples are clearly labelled w<br>Gender. Sample tubes must be h<br>j the sample. Use of addressograph<br>ancies between the details on the s<br>IFORMATION (ensure all sections | with Surname, Forename, DOB, of<br>nandwritten, dated, timed and sig<br>n labels on samples is prohibited,<br>ample tube and request form. | CHI/Hospital<br>Ined by the<br>There must |                                      |             |
| Surname:  |   | Forename:  |   |                                      |             |
| DOB:/_<br>Gender:<br>Reason for I                             |   | Hospital:  |   | Enter: "Blood Group Ge<br>Programme" |             |
| RCI Sample  | Number:   |  |   | No requirement to sele               | ct "Testing |
| TESTING R   | EQUIRED:  |  |   | required"                            |             |
| Please tick rele  | avant box:  |  |   |                                      |             |
| <b>ABO</b><br>(01, 02, B, A, A2)                              |   | CDE<br>(C, Cw, c, E, e, D exons 1-7,<br>9, 10 and other variants)  |   |                                      |             |
| WEAK D<br>(Weak D type 1, 2,<br>of variants)                  | , 3 and a range   | FULL GROUP<br>(D exons 3, 5, 10, C, Cw, c, E,<br>K, k, Jka, Jkb, Fya, Fyb, M, N,   |   |                                      |             |
| RARE TYPE   | IS  | s, and other rare types)   |   |                                      |             |

- Send NATF 1307, 4A Molecular Diagnostics Sample request form and sample tube to National Genotyping Laboratory, Gartnavel, Glasgow, via your local SNBTS Patient Services laboratory using local sample transport arrangements.
- 8) Please record sample receipt and transport in local log for audit and monitoring

For more information about Scottish testing arrangements, please email <u>nss.BGGenPrgTestEnquiries@nhs.scot</u>



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