

Feto-Maternal Haemorrhage Quantitation by Flow Cytometry

Enquiries: 0121 424 0704

www.heftpathology.com

Please complete ALL Sections:

Maternal details:

PID number:	NHS Number:
Surname:	Forename:
Date of birth:	Referring hospital: (report destination)
Customer reference:	Contact details:

Specimen details (Sample(s) must be labeled with minimum of full name *and* PID no. *or* NHS no.):

Date/Time delivery	Date/time sample:	Ante natal sample? Yes / No If no, please give reason for FMH quantitation:
Prophylactic anti-D administration: Please give details of date and dose of last anti-D administered		
Maternal blood group:	Baby blood group:	

Please note that this is a quantitation of Rh(D) positive (foetal) cells in Rh(D) negative (maternal) sample.

For ante-natal samples where blood group of the foetus is unknown, a negative result does not exclude a bleed.

All reports will be returned to the Blood Transfusion department of the referring hospital.