

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. *or* D.O.B.):

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.

Prophylactic anti-D dose will be calculated taking into account the upper limit for the measurement of uncertainty.

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

This form may be downloaded from www.heftpathology.com/frontpage/downloads.html