

**NOTE: Blood samples ARE NOT collected at Canadian Blood Services.
Go to Lifelabs or another private lab.**

All information must be complete, or testing will not be performed.

Maternal Information (Maternal Label - optional)		To be Completed by Physician	
Surname of Mother		Hospital for Delivery (in full)	
Given Name(s)		Unexpected antibodies present? Antibody(s) _____ CBS Reference # _____	
Date of Birth	_____ . yyyy-mmm-dd	Expected Date of Delivery	_____ . yyyy-mmm-dd
Personal Health Number PHN (or Unique number if no PHN)		RhIG given this pregnancy? Specimen collected before injection? <input type="checkbox"/> No <input type="checkbox"/> Yes Date _____ <input type="checkbox"/> No <input type="checkbox"/> Yes	

Paternal Information	Mother's information must be complete when submitting Father's specimen		
Surname of Father	Given Name(s)		
Date of Birth	_____ . yyyy-mmm-dd		
	Personal Health Number PHN (or Unique number if no PHN)		

Physician / Midwife	All information must be complete (Please indicate clinic name). Results faxed within 72 hours of sample receipt.				
Physician Name / Midwife Name	Billing number	Physician Name / Midwife Name	Billing number		
Address		Address			
City	Prov	Postal Code	City	Prov	Postal Code
CLINIC NAME	FAX Number	Phone Number	CLINIC NAME	FAX Number	Phone Number

Copy to	Copy to
Physician Name / Midwife Name	Billing number
Address	
City	Prov Postal Code
CLINIC NAME	FAX Number Phone Number

Specimen Collection	Label tubes with full name, PHN (or other unique number) and date of collection. Ensure that information on specimens EXACTLY MATCHES information on requisition.	
<input type="checkbox"/> Mother – Routine or Infertility Initial & 26 weeks Draw one 6 or 7mL EDTA	<input type="checkbox"/> Mother – Clinically Significant Antibody When requested by CBS Diagnostic Services Draw three 6 or 7mL EDTA	<input type="checkbox"/> Father – When requested by CBS Diagnostic Services Draw one 6 or 7mL EDTA
Date of Collection (yyyy-mmm-dd)	Collected by	Collection Facility

Canadian Blood Services, Diagnostic Services
BC & Yukon Centre, 4750 Oak Street, Vancouver, BC, V6H 2N9 Fax (604) 874-6582 Phone (604) 707-3527

The personal information collected on this form is collected under the authority of the *Personal Information Protection Act*. The personal information is used to provide medical services requested on this requisition. The information collected is used for quality assurance management and disclosed to healthcare practitioners involved in providing care or when required by law. Personal information is protected from unauthorized use and disclosure in accordance with the *Personal Information Protection Act* and when applicable the *Freedom of Information and Protection of Privacy Act* and may be used and disclosed only as provided by those Acts.

For test results: **Fax (604) 874-6582. Do not phone.**