

**CANADIAN BLOOD SERVICES - WINNIPEG CENTRE**

777 William Avenue, Winnipeg, MB R3E 3R4  
PERINATAL LABORATORY

**REQUEST FOR PERINATAL TESTING**

Physician/Authorized  
Healthcare Provider: \_\_\_\_\_

**FULL Last Name and FULL First Name must be recorded.**

Facility: \_\_\_\_\_

Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

Cc To: \_\_\_\_\_

**FULL Last Name and FULL First Name must be recorded.**

Clinic: \_\_\_\_\_ Fax No: \_\_\_\_\_

SAMPLE TYPE:  STAT \_\_\_\_\_  Father   
 Initial Visit  Antibody Referral  
 26-28 Weeks  Kleihauer-Betke (gestational age \_\_\_\_\_ weeks)  
 At Delivery  Other \_\_\_\_\_

Expected Delivery Date: \_\_\_\_\_  
YYYY - MM - DD

Antibodies:  Yes  No Describe \_\_\_\_\_

Transfusion:  Yes  No Date \_\_\_\_\_

RhIG given:  Yes  No Date \_\_\_\_\_

Sample collected before RhIG was given  Yes  No

PLEASE USE NAME PLATE OR PRINT

PHIN (or Unique ID if no PHIN) \_\_\_\_\_

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

DOB \_\_\_\_\_  
YYYY - MM - DD

Clinic / Medical Record Number \_\_\_\_\_

NOTE: If sample is from the Father, please complete:  
 Mother's Name: \_\_\_\_\_  
 Mother's PHIN or MRN: \_\_\_\_\_  
 Mother's Expected Delivery Date: \_\_\_\_\_  
 YYYY - MM - DD

**Collected at:**  
 Facility \_\_\_\_\_ Ward \_\_\_\_\_

**Phlebotomist:**  
 \_\_\_\_\_  
 Print Name Classification Initials  
 Collection Date: \_\_\_\_\_ Time \_\_\_\_\_  
 YYYY - MM - DD

**Guidelines for Perinatal Testing**

	Initial Visit	Father	26 - 28 Weeks	Post Partum	Cord Blood	As Requested
Rh Unknown 1st Pregnancy	X		X			
Rh Positive Previous CBS Report on File	X		**			
Rh Negative	X	If requested	X	X	X	
Clinically Significant Antibodies Detected	X	X		X	X	X

**\*\* 28 Week or additional sample may be submitted for patients at risk of allo-immunization (previous transfusion, fetal trauma or procedure, IV drug use).**

Step	Responsibilities of Phlebotomist (person collecting the sample)	Comments
1	The phlebotomist must positively identify the patient	
2	The phlebotomist must collect 2 x 7ml EDTA (lavender top)	
3	The phlebotomist must label the sample(s) using indelible ink. Label the sample(s) immediately after the collection and before leaving the patient's side with <ul style="list-style-type: none"> <li>● Personal Health Identification Number (PHIN), or hospital number, (If PHIN is not available or patient is from out of province), or other unique identification number</li> <li>● the patient's last name, first name</li> <li>● the collection date</li> <li>● facility name, and</li> <li>● phlebotomist's initials. (Initials must match name on requisition)</li> </ul>	
4	The phlebotomist must complete the requisition by <ul style="list-style-type: none"> <li>● Printing his/her name, classification, and initials, and</li> <li>● recording the date and time of collection.</li> </ul>	
5	<b>Error Correction</b> <ul style="list-style-type: none"> <li>● Cross out the erroneous information with a single line, record the correct information, and initial the correction</li> <li>● Use of correction fluid or correction tape will result in rejection of sample.</li> </ul>	

Accession Number	Demographics Agree with Historical Records	Entered By	Reception	Verification
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No File			

Date / Time Received at Centre