

Consent for Release of Neonatal Test Results to Canadian Blood Services

Clinic Staff: Please attach completed survey to the International Blood Group Reference Laboratory Requisition. This information will enable us to contact the delivery hospital to obtain important test results on the neonate. This information is important for validating the genotyping technology in the perinatal setting, and to assess the value of the fetal genotyping program. Thank you for your assistance in completing this survey.

	Mother's Last Name:		
	Mother's First Name:		
	Baby's Last Name: (if different than Mother's)		
	Baby's PHN: (if available)		
	Intended Hospital For Delivery:		
	Primary Care/Referring Physician:	Name:	_
		Location:	-
		Phone #:	-
using a g umbilica require a test, and to the bl your bak reference consent	genetic testing method. Following a cord, will be done. Cord blood a blood sample from the baby. The discreption is special red cell phenotype. The lood type of your baby at the time by is born and ask for your baby at the generatory performing the generatory required in order for us to present the second sec		i from the and does not ect antiglobulin ill be compared hospital where red with the tion and your
•	_	release of my baby's test results to Canadian Blood Se ce Laboratory. No other use will be made of this inform	
result in some blo	a false negative result. The res ood groups. It is possible the te	pility that fetal DNA may not be present in this sample ult may also be difficult to interpret because of ethnic st may predict an unaffected pregnancy when the bak naternal antibodies (hemolytic disease of the fetus/ne	differences in by is actually at
Print nar	me:	Date:	
Signatur	re:		

If you have any questions regarding completing this survey please contact Brenda Caruk, Canadian Blood Services Perinatal Supervisor @ 780-431-8725.

Effective: 2019-09-06