PRENATAL SCREENING
DÉPISTAGE PRÉNATAL
ONTARIO

In partnership with:

Canadian Blood Services

Request For Fetal *RHD* Screen

A. Patient Information

Last Name: _____ **Given Name(s):** _____

DOB: _____ (YYYY/MM/DD) **Phone:** _____

Address: _____

City: _____ **Province:** _____ **Postal Code:** _____

Health Card #: _____ (incl. version code)

For Pregnant Women/Individuals Who Meet ALL Of The Following Criteria:

- Confirmed RhD-negative blood type
- Alloimmune anti-D not detected (passive anti-D permitted)
- No known *RHD* variant or weak D phenotype
- No history of allogenic hematopoietic stem cell transplant
- Gestational age ≥ 11 weeks (early testing preferred ideally 11-13 weeks)
- Singleton pregnancy with no evidence of vanishing twin or fetal demise in twin pregnancy

Instructions: Ordering provider completes page one (1). ***ALL FIELDS ARE REQUIRED***; incomplete requisitions may result in testing delays or sample rejection. **Patient brings requisition to a laboratory for blood draw at ≥ 11 weeks' gestation.**

B. Patient Clinical Information

ABO: _____ **RhD:** _____ **Estimated Due Date (EDD):** _____ (YYYY/MM/DD)

EDD Determined By (dating ultrasound is preferred): ☐ 1st Trimester Ultrasound ☐ 2nd Trimester Ultrasound ☐ Last Menstrual Period ☐ Unknown

C1. Ordering Provider Information

Last Name: _____

First Name: _____

CPSO/License #: _____

Address: _____

City: _____ **Postal Code:** _____

Phone: _____ **Fax:** _____

C2. Copy To Provider

Last Name: _____

First Name: _____

CPSO/License #: _____

Address: _____

City: _____ **Postal Code:** _____

Phone: _____ **Fax:** _____

Additional Copy To: _____

D. Sample Information and Transportation - EDTA (lavender/pink top) – minimum 6 mL whole blood

Send samples to ensure they arrive within 5 days of collection.
Store and ship the sample at room temperature (18 ° C-25 ° C). Do not freeze.
If timely delivery of sample is not possible, please contact the Fetal *RHD* Screening lab to make alternate arrangements.

Collection Date: _____ (YYYY/MM/DD)

Collection Time: _____ (HH:MM)

Collected by: _____

Accession #: _____

Collection Site Location Use Only:

LAB LABEL

E. Canadian Blood Services Brampton Site

Date Time Received:

Received by: _____

☐ **Alternate collection method**

Reason for Rejection (if applicable): _____

Comments: _____

CBS #:

CBS LABEL

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D. Sample Collection and Transportation Instructions

Sample Requirement: Collect a minimum of 6 mL whole blood in an EDTA tube (lavender or pink top).

Blood sample label(s) must include:

1. Full Name
2. A unique identifying number (i.e., Health Card Number)
3. Collection date and time

Procedure for shipping sample(s):

a. Ensure the Request for Fetal *RHD* Screen requisition form is completed for each sample.

b. Pack sample(s) in secure, protective wrapping to avoid breakage/ leakage.

c. Place completed requisition INSIDE package.

d. Maintain the sample at room temperature (**18 ° C to 25 ° C**) during storage and shipping (transit). Do not freeze. Samples should not be discarded if inadvertently refrigerated; testing lab will make final accept/reject decisions.
DO NOT USE DRY ICE. DO NOT USE ICE PACKS

e. Ship sample(s) as soon as possible; samples are processed on Monday - Friday, 08:00 - 16:00 (excluding statutory holidays).

f. The sample **MUST** arrive at the Canadian Blood Services testing laboratory **in order to be processed within 5 days of collection.**

g. Notify the *Fetal RHD Screening* lab of the shipment either by *phone or email* and provide the completed requisition form **and** waybill number, if applicable (see contact information below).

Direct Enquiries to:

Fetal *RHD* Screening Laboratory
Canadian Blood Services
100 Parkshore Drive
Brampton, ON L6T 5M1

Telephone: 905-494-5234
Fax: 905-494-8132
Email: fetalRHD@blood.ca
Web: www.blood.ca

Hours of Operation: Monday to Friday 07:00 AM to 08:00 PM

For urgent or time sensitive samples, please contact the Fetal *RHD* Screening laboratory before shipping.

If samples are going to arrive outside of normal business hours, please notify the Fetal *RHD* Screening lab by emailing fetalRHD@blood.ca to make appropriate arrangements.

If sample is determined to be unsatisfactory, Fetal *RHD* Screening lab staff will notify the referral facility for disposal of sample and request to submit a new sample and requisition form.

IF SAMPLE DELIVERY TO THE TESTING LAB IS NOT POSSIBLE WITHIN THE <5 DAYS AFTER COLLECTION, PLEASE CONTACT THE FETAL RHD SCREENING LAB TO MAKE ALTERNATE ARRANGEMENTS.

Results:

Test results are generally available within 10 business days. Reports will be sent to ordering provider (and any copied provider) via e-fax and will also be accessible through the Ontario Laboratory Information System (OLIS).

Shipping Address (Receiving Site):

Fetal *RHD* Screening Laboratory
Canadian Blood Services
100 Parkshore Drive
Brampton, ON L6T 5M1

Samples are received Monday - Sunday, 24/7

- Mon–Fri 7AM–3PM Drop Off at **Dock #6**
- All Other Hours Drop Off at **Dock #2**

Looking for more information?

Visit: prenatalscreeningontario.ca / **Email:** PSO@bornontario.ca

Speak to a certified genetic counsellor / screening specialist by calling the **PSO Information Line:** 1-833-351-6490 or 613-737-2281