Canadian Blood Services use only

CANADIAN BLOOD SERVICES – DIAGNOSTIC SERVICES
PERINATAL SCREEN REQUEST

Canadian Blood Services
it's in you to give

PLEASE NOTE: Blood samples are not collected at Canadian Blood Services (CBS)

All information must be complete or testing will not be performed

Maternal Information (Maternal Label – optional)

Surname of Mother

Given Name(s)

Date of Birth yyyy mmm dd

Personal Health Number PHN (or Unique number if no PHN)

To be Completed by Physician

Hospital for Delivery (in full)

Unexpected antibodies present?
Antibody(s) _____ **CBS Reference no:** _____

Expected Date of Delivery yyyy mmm dd

RhIG given this pregnancy ☐ No ☐ Yes **Date** _____

Specimen collected before injection? ☐ No ☐ 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

Address

City — Prov — Postal Code

CLINIC NAME — **FAX Number** — Phone Number

Physician name / Midwife Name — Billing number

Address

City — Prov — Postal Code

CLINIC NAME — **FAX Number** — Phone Number

Copy to

Physician name / Midwife Name — Billing number

Address

City — Prov — Postal Code

CLINIC NAME — **FAX Number** — Phone Number

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

☐ **Mother – Routine or Infertility**
Initial & 26 weeks
Draw one 6 or 7mL EDTA

☐ **Mother – Clinically Significant Antibody**
When requested by CBS Diagnostic Services
Draw three 6 or 7mL EDTA

☐ **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 ◆ Fax (604) 874-6582 Phone (604) 707- 3527
BC & Yukon Centre, 4750 Oak Street, Vancouver, BC, V6H 2N9

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