



MOLECULAR IMMUNOHAEMATOLOGY REFERENCE LABORATORY  
Aberdeen & NE Scotland Blood Transfusion Centre  
**Request for Fetal Sexing from Maternal Blood**



Patient Details	
Surname	
Maiden Name	
First Name	
Date of Birth	
Previous BTS Number	
CHI Number	
Hospital Unit Number	
Sample Date & Time	
Gestation (weeks)	
EDD	
Twin Pregnancy?	
High Infection Risk?	
Maternal Weight	

Fetal Sex Typing from Maternal Blood	
2 x 7ml EDTA blood	
<b>Do not send DNA prepared from plasma. Ship at room temperature Sample must arrive at Aberdeen Blood Bank within 48 hours of being taken (send by post preferred)</b>	

Please send samples to:  c/o Professor SJ Urbaniak Molecular Immunohaematology Laboratory Scottish National Blood Transfusion Service Foresterhill Road, ABERDEEN, AB25 2ZW Tel: 01224 685685, Fax: 01224 698899  E-mail: <a href="mailto:stanislaw.urbaniak@nhs.net">stanislaw.urbaniak@nhs.net</a> / <a href="mailto:annetaylor@nhs.net">annetaylor@nhs.net</a>
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Reason for request and relevant clinical history:  Consultant Responsible:
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NEBTS LABORATORY USE ONLY	
Traceline Sample No:	Traceline ID No:
	Date & Time Received:

Name & Address of sender: [PLEASE PRINT] Name:  Address:  Telephone:  Fax:  E-mail:  Signature:
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Name and address for report, if different from sender: [PLEASE PRINT]
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