Laboratoire CERBA

IMMUNO-HAEMATOLOGY

Medical Information Desk:
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- ANALYSES REQUEST FORM -

(Must be attached to the test request form)

PATIENT INFORMATIONS

Name*: ……

First name(s)*: ……

Maiden name*: ……

Sex*: **Male** ☐ **Female** ☐

Date of birth*: |_|_|_|_|_|_|

Date and time of collection: |_|_|_|_|_|_| **at** ……..

Sampler's name: …… **Prescriber's name:** ……..

***(Information to be mentioned on the identification labels of the patient's samples)**

BIOLOGICAL AND CLINICAL CONTEXT**

Irregular antibodies: screening result ……

Anteriorities:……

Blood group (ABO RH-KEL1):……

Transfusion: **Yes** ☐ **No** ☐ **Date :** |_|_|_|_|_|_|

Pregnancy: **Yes** ☐ **No** ☐

In case of pregnancy, date of pregnancy: ……

Number of previous pregnancies: ……

Injection of anti-RH1 : **Yes**☐ **No**☐

If yes, date : **Injected dose:** **200µg**☐ **300µg** ☐

Other information (pathology, surgery, ...): ……
……

**** (To be completed for any request of irregular antibodies screening)**