



Biomnis

Clinical Information Form Immunology-haematology

INTERNATIONAL DIVISION

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PATIENT DETAILS*

First name(s)*:

Gender* : M F

Name of birth*:

Ethnic origin:

Surname*:

Date of birth*:

Date and time of sampling:

**This information must also be indicated on the sample (GLP Guidelines).*

at hrs min

CLINICAL DETAILS

ABO group- RH-KEL1 phenotype (if known):

RBC antibody screening result - *please attach the results:*

Previous history of positive
RBC antibody screening:

YES NO

If yes, antibody identified:

REASON FOR THE REQUEST

Pre-operative test: YES NO

Obstetrics: YES NO

Kleihauer test: YES NO

• Pregnancy: YES NO

Date of conception:

• This pregnancy is the patient's... 1st 2nd

3rd > 3

• Other: Termination of pregnancy

Miscarriage Bleeding Trauma

• RhD immune globulin prophylaxis (RhoGAM®):

YES NO

• Date(s) of injection:

• Injected dose: 100 µg 200 µg

300 µg

• Name of maternity hospital:

Blood transfusions: YES NO

• Date(s) of transfusion:

Multiple Myeloma treated by daratumumab: YES NO

Other (graft, and blood disease...):