How to Complete the Allo-FBGG Requisition

IMPORTANT: REQUIRED FIELDS MUST BE COMPLETED. Incomplete requisitions may delay testing or result in sample rejection.

Why this matters: Many Allo-FBGG requisitions are being submitted with missing information, leading to testing and reporting delays. Use this guide to ensure all required information is provided for timely specimen processing.

Sections A, B, C1 and D: All fields must be completed by the ordering provider.

A B C D

Estimated Date of Delivery (EDD) Test *cannot* be performed without EDD.

Section C1: Include *CPSO/CMO/CNO number.
(*PA CPSO number cannot be used)

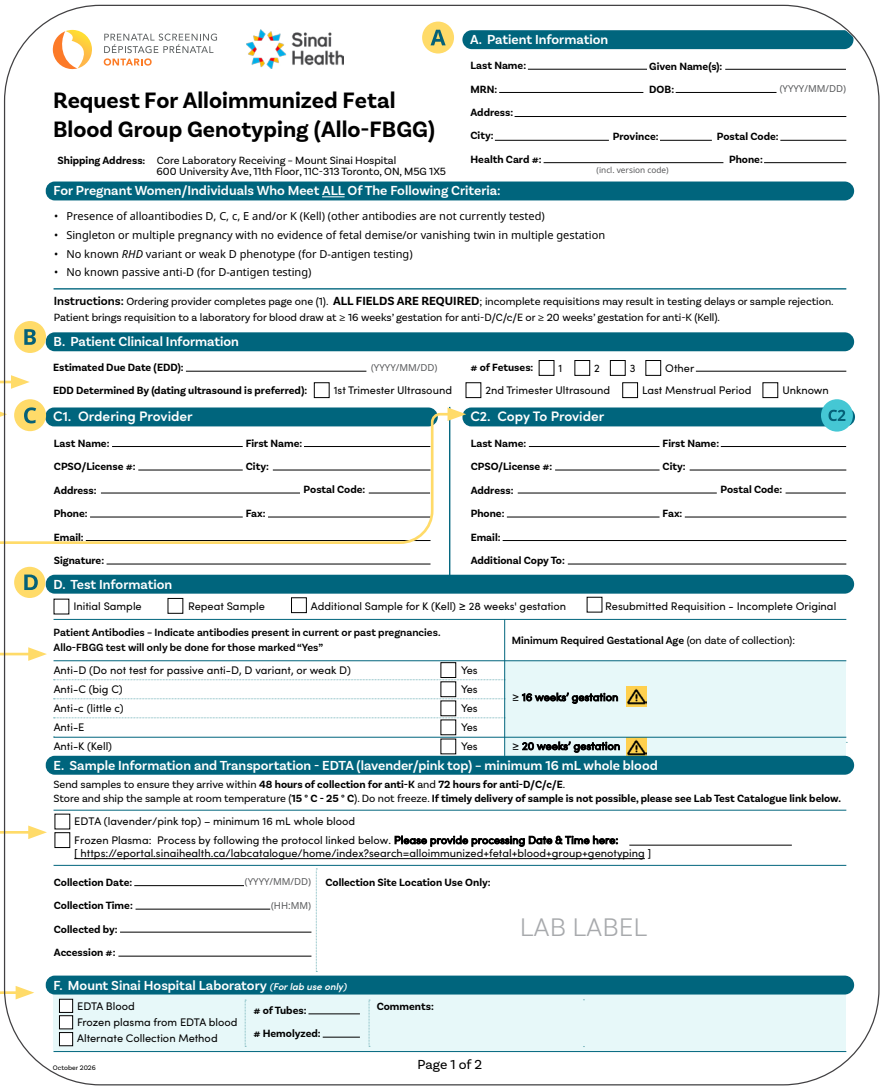
Section C2: Optional. Results are available in OLIS. C2

Section D: Allo-FBGG test will only be done for the antibodies marked as "Yes".

Section E: Must be completed by the person collecting the blood sample.

Accession number is only required if blood is collected in a laboratory. Leave blank if collected in a clinic or midwifery practice.

Section F: Should be left blank.



PRENATAL SCREENING DÉPISTAGE PRÉNATAL ONTARIO

Sinai Health

A

A. Patient Information

Last Name: _____ Given Name(s): _____

MRN: _____ DOB: _____ (YYYY/MM/DD)

Address: _____

City: _____ Province: _____ Postal Code: _____

Health Card #: _____ (incl. version code) Phone: _____

Request For Alloimmunized Fetal Blood Group Genotyping (Allo-FBGG)

Shipping Address: Core Laboratory Receiving - Mount Sinai Hospital
600 University Ave, 11th Floor, 11C-313 Toronto, ON, M5G 1X5

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

- Presence of alloantibodies D, C, c, E and/or K (Kell) (other antibodies are not currently tested)
- Singleton or multiple pregnancy with no evidence of fetal demise/or vanishing twin in multiple gestation
- No known *RHD* variant or weak D phenotype (for D-antigen testing)
- No known passive anti-D (for D-antigen testing)

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 ≥ 16 weeks' gestation for anti-D/C/c/E or ≥ 20 weeks' gestation for anti-K (Kell).

B

B. Patient Clinical Information

Estimated Due Date (EDD): _____ (YYYY/MM/DD) # of Fetuses: ☐ 1 ☐ 2 ☐ 3 ☐ Other _____

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

C

C1. Ordering Provider

Last Name: _____ First Name: _____

CPSO/License #: _____ City: _____

Address: _____ Postal Code: _____

Phone: _____ Fax: _____

Email: _____

Signature: _____

C2. Copy To Provider C2

Last Name: _____ First Name: _____

CPSO/License #: _____ City: _____

Address: _____ Postal Code: _____

Phone: _____ Fax: _____

Email: _____

Additional Copy To: _____

D

D. Test Information

☐ Initial Sample ☐ Repeat Sample ☐ Additional Sample for K (Kell) ≥ 28 weeks' gestation ☐ Resubmitted Requisition - Incomplete Original

Patient Antibodies - Indicate antibodies present in current or past pregnancies. Allo-FBGG test will only be done for those marked "Yes"		Minimum Required Gestational Age (on date of collection):
Anti-D (Do not test for passive anti-D, D variant, or weak D)	☐ Yes	
Anti-C (big C)	☐ Yes	≥ 16 weeks' gestation ⚠
Anti-c (little c)	☐ Yes	
Anti-E	☐ Yes	
Anti-K (Kell)	☐ Yes	≥ 20 weeks' gestation ⚠

E. Sample Information and Transportation - EDTA (lavender/pink top) - minimum 16 mL whole blood

Send samples to ensure they arrive within **48 hours of collection for anti-K** and **72 hours for anti-D/C/c/E**.
Store and ship the sample at room temperature (**15 ° C - 25 ° C**). Do not freeze. **If timely delivery of sample is not possible, please see Lab Test Catalogue link below.**

☐ EDTA (lavender/pink top) – minimum 16 mL whole blood

☐ Frozen Plasma: Process by following the protocol linked below. **Please provide processing Date & Time here:** _____
[https://eportal.sinaihealth.ca/labcatalogue/home/index?search=alloimmunized+fetal+blood+group+genotyping]

Collection Date: _____ (YYYY/MM/DD)

Collection Time: _____ (HH:MM)

Collected by: _____

Accession #: _____

Collection Site Location Use Only:

LAB LABEL

F. Mount Sinai Hospital Laboratory *(For lab use only)*

☐ EDTA Blood
☐ Frozen plasma from EDTA blood
☐ Alternate Collection Method

# of Tubes: _____
Hemolyzed: _____

Comments:

October 2026

Page 1 of 2

Most Common Causes of Delay

- ⚠ Missing EDD
- ⚠ Incomplete ordering provider information (e.g., incorrect CPSO #)
- ⚠ Missing patient antibodies
- ⚠ Section E left blank by person collecting the blood

Final Checklist Before Submission

- ☐ Patient meets eligibility criteria ***including gestational age***
- ☐ Sections A, B, C1, and D are completed
- ☐ EDD is documented
- ☐ Patient antibodies are marked as "Yes"

PRENATAL SCREENING DÉPISTAGE PRÉNATAL ONTARIO | BORN

www.prenatalscreeningontario.ca