How to Complete the Fetal *RHD* Screening Requisition

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

Why this matters: Many Fetal *RHD* screening 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 and C1: All fields must be completed by the ordering provider.

A B C

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

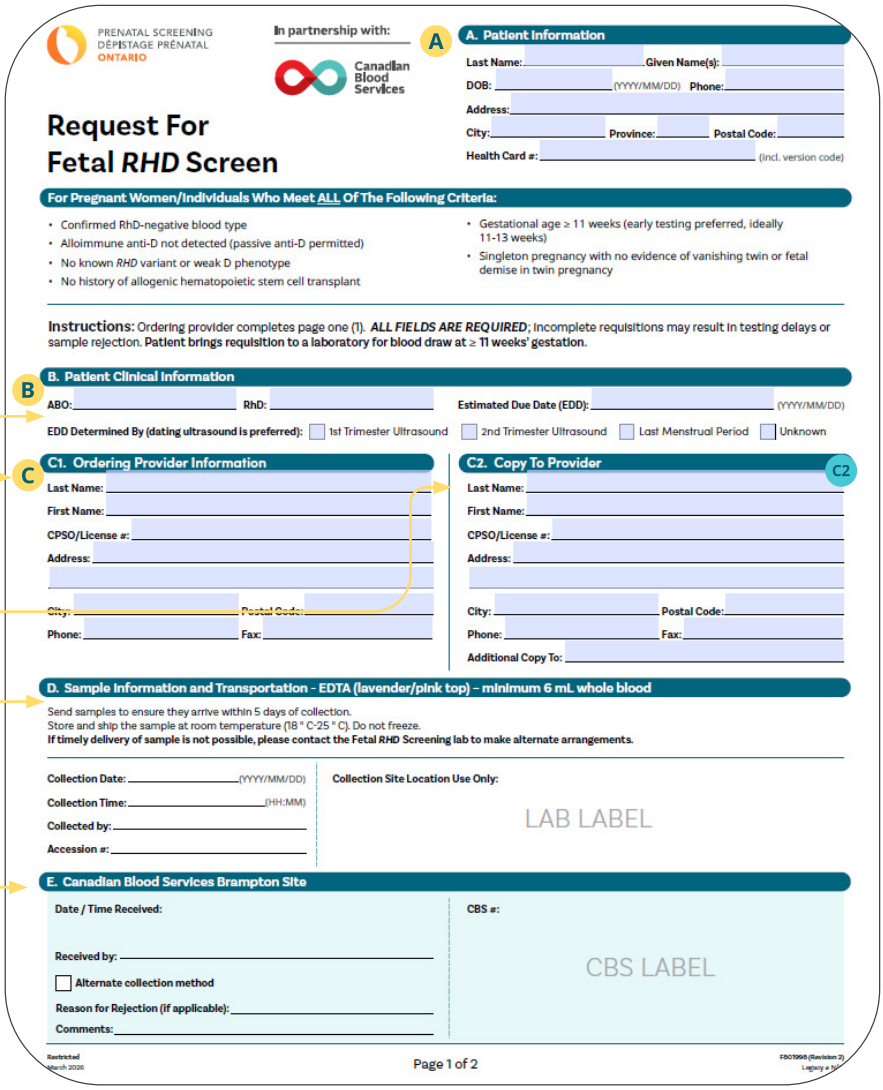
Section C1: Include Clinic Name and *CPSO/CMO/CNO number.
(*PA CPSO number cannot be used)

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

Section D:
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 E: Should be left blank.



PRENATAL SCREENING DÉPISTAGE PRÉNATAL ONTARIO

In partnership with: Canadian Blood Services

A

Request For Fetal *RHD* Screen

A. Patient Information

Last Name: Given Name(s):
DOB: (YYYY/MM/DD) Phone:
Address:
City: Province: Postal Code:
Health Card #: (incl. version code)

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

- Confirmed RhD-negative blood type
- Alloimmune anti-D not detected (passive anti-D permitted)
- No known *RHD* variant or weak D phenotype
- No history of allogenic hematopoietic stem cell transplant
- Gestational age ≥ 11 weeks (early testing preferred, ideally 11-13 weeks)
- Singleton pregnancy with no evidence of vanishing twin or fetal demise in twin pregnancy

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 ≥ 11 weeks' gestation.**

B

B. Patient Clinical Information

ABO: Rh: Estimated Due Date (EDD): (YYYY/MM/DD)
EDD Determined By (dating ultrasound is preferred): ☐ 1st Trimester Ultrasound ☐ 2nd Trimester Ultrasound ☐ Last Menstrual Period ☐ Unknown

C

C1. Ordering Provider Information

Last Name:
First Name:
CPSO/License #:
Address:
City: Postal Code:
Phone: Fax:

C2. Copy To Provider C2

Last Name:
First Name:
CPSO/License #:
Address:
City: Postal Code:
Phone: Fax:
Additional Copy To:

D. Sample Information and Transportation – EDTA (lavender/pink top) – minimum 6 mL whole blood

Send samples to ensure they arrive within 5 days of collection.
Store and ship the sample at room temperature (18 ° C-25 ° C). Do not freeze.
If timely delivery of sample is not possible, please contact the Fetal *RHD* Screening lab to make alternate arrangements.

Collection Date: (YYYY/MM/DD)
Collection Time: (HH:MM)
Collected by:
Accession #:

Collection Site Location Use Only:

LAB LABEL

E. Canadian Blood Services Brampton Site

Date / Time Received:
Received by:
☐ Alternate collection method
Reason for Rejection (if applicable):
Comments:

CBS #:

CBS LABEL

Restricted
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Most Common Causes of Delay

- ⚠ Missing EDD
- ⚠ Incomplete ordering provider information (e.g., incorrect CPSO #)
- ⚠ Missing ABO/RhD result
- ⚠ Section D left blank by person collecting the blood

Final Checklist Before Submission

- ☐ Patient meets eligibility criteria
- ☐ Sections A, B, C1 are completed
- ☐ EDD is documented
- ☐ ABO/RhD result is documented

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