

NEW SOUTH WALES TRANSPLANTATION AND IMMUNOGENETICS



Sample Delivery (24hours)
 Dock A, Level 3, 17 O'Riordan Street
 Alexandria NSW 2015

ASHI Accreditation No: 02-9-Au-01-1
 NATA Accreditation No: 18808

Enquiries
 8:00am to 4:30pm
 +61 2 9234 2322 (phone)
 +61 2 9234 2326 (fax)

DL-nswtcb@redcrossblood.org.au
www.transplantservices.com.au

Cord Blood Request Form

LABORATORY USE ONLY	
SPECIMEN ID	DATE AND TIME STAMP

SAMPLE DETAILS	Three forms of ID required
SAMPLE ORIGIN <input type="checkbox"/> CORD <input type="checkbox"/> MATERNAL	
CORD ID	CORD DOB
CORD ETHNICITY	
MATERNAL ID	MATERNAL DOB

SAMPLE COLLECTION	
COLLECTOR NAME	DATE OF COLLECTION AND TIME (24hr)
SAMPLE TYPE: <input type="checkbox"/> BUFFY COAT <input type="checkbox"/> PACKED RED CELLS <input type="checkbox"/> OTHER (Please specify)	

TESTING REQUIREMENTS		
<input type="checkbox"/> INITIAL TYPING	<input type="checkbox"/> VERIFICATION TYPING	<input type="checkbox"/> HIGH RESOLUTION TYPING (Specify loci)
<input type="checkbox"/> OTHER (Specify)		

RECIPIENT DETAILS		Leave blank if not applicable
TRANSPLANT RECIPIENT	RECIPIENT DOB	
TRANSPLANT CENTRE		

COMMENTS
VT REQUEST PRIOR TO SHIPMENT REQUEST – NO ABMDR SHIPMENT FORM ATTACHED <input type="checkbox"/>
OTHER (Please specify)

REPORT TO	COPY OF REPORT TO
NAME	NAME
ADDRESS	ADDRESS
EMAIL (institutional email address only)	EMAIL (institutional email address only)

SAMPLE TRANSPORTATION REQUIREMENTS
Samples should be received frozen within 24hrs of distribution to the Australian Red Cross Lifeblood. If samples are thawed, please contact the laboratory on the phone number provided above.
Ensure that samples are packed in a secure container and the outside of the transport container is clearly labelled with the delivery address.

REQUESTED BY		
NAME	SIGNATURE	DATE