


## Fetal Neonatal Alloimmune Thrombocytopenia (FNAIT) Investigation Request

Instructions for filling in this form. The form can be filled in using your PC:

1. Complete appropriate sections on Page 1 and 2.
2. Collect the appropriate sample tubes as specified on Page 3.
3. **Note: If samples from mother/father/child are all being collected together, please complete one request form only. Otherwise, complete separate forms.**
4. **Please use the individual label/barcode for mother/father/child. DO NOT use the same label/barcode for all three.**

<b>Testing Laboratory</b>			
<b>Please send samples to</b>			
<b>Contact details</b>			
<b>Phone</b>		<b>Email</b>	

<b>Patient (maternal) details</b>			
Last Name		First Name	
Gender		MRN/UR	DOB
<b>Please complete the following information</b>			
Baby's last name, first name		DOB	
Paternal last name, first name		DOB	
<b>Referring Clinician details</b>			
Name		Date requested	
Signature		Phone	
Address		Email	
<i>Tick if a hard copy report is required</i>			
<b>Referring Laboratory name</b>			
Phone		Email	
<b>Name of person completing the form (if different from above)</b>			
Name			
Phone		Email	
<b>Sample collection</b>			
Collector's name		Date & time of collection	
Patient's signature		Date	
Specimen type (s) include	EDTA	ACD	Serum (clot)
	Buccal swab/Dry Buccal	Other	
Please attach sample label/barcode 	Mother	Father	Child

## Fetal Neonatal Alloimmune Thrombocytopenia (FNAIT) Investigation Request

Patient (Maternal) details										
Last Name				First Name						
Gender			MRN/UR			DOB				
Baby's last name, first name					DOB					
Paternal last name, first name					DOB					
Maternal Obstetric history										
Obstetric history		G		P		L		Any previous FNAIT affected baby? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Severity of previous FNAIT affected baby		ICH		Mucocutaneous bleed/ petechiae			IUFD		Thrombocytopenia	
		GI bleed		Other (specify i.e. placental insufficiency/IUGR)						
Previous transfusions		Yes	No	Maternal ethnicity				Paternal ethnicity		
Autoimmune disorder (e.g. ITP, SLE)		Yes (provide details below)				No				
Current Pregnancy										
Date of delivery or expected date of delivery										
Complications during pregnancy		Pre-Eclampsia		Placental abruption		HELLP		Perinatal hypoxia		
		Infection (specify below)		Placental insufficiency		Other (specify below)		None		
Treatment history		IVIg Date of treatment _____				Steroids				
Mode of delivery		Vaginal			Caesarean Section			Instrumental Delivery		
Maternal platelet count			x10 <sup>9</sup> /L	Maternal blood group				Paternal blood group		
Postnatal (Baby's history)										
Gestational age at birth			Birth weight (g)		IUGR		Yes		No	
Onset of thrombocytopenia		At birth		Post-natal day _____						
Bleeding		ICH		Mucocutaneous bleed/ petechiae/ purpura			GI bleed		Ventriculomegaly	
		Other (specify) _____								
Other		Coagulation deficiency/defects		DIC		Other (specify) _____				
Infections (e.g. TORCH, sepsis)			Bacterial (specify)		Viral (specify) _____					
Congenital abnormality/ies										
Any other relevant clinical information										
Platelet count		Initial	x10 <sup>9</sup> /L	Nadir	x10 <sup>9</sup> /L	Most recent	x10 <sup>9</sup> /L	Baby's blood group		
		Date		Date		Date				
Treatment										
IVIg	Yes	No	No. of platelet transfusions		Pooled		Apheresis		HPA specific	
Follow up platelet counts			Date		Pre- transfusion (x10 <sup>9</sup> /L)		Post transfusion (x10 <sup>9</sup> /L)			

### FNAIT Sample Collection Guidelines

Investigation request and samples		Special instructions and indicative turnaround time	Storage and transport instructions
<b>Fetal/Neonatal Alloimmune Thrombocytopenia (FNAIT or NAIT)</b>		EDTA and serum from child does not need to be a fresh collection.  Contact the Platelet and Neutrophil laboratory if sample from the child is difficult.  <i>Note: Laboratory turnaround time is 5 working days.</i>	Store and transport at room temperature within 48 hours of collection.  If specimens cannot reach the laboratory within 48 hours of collection then, please contact the relevant laboratory by phone.
Mother	18 mL EDTA <b>and</b> 12mL serum (clot)		
Father	18 mL EDTA		
Child	4-6 mL EDTA or buccal swab <b>and</b> 1-2 mL serum		