

Please select the appropriate page for your testing registration

UK NEQAS FMH

Distribution Number:

PRN:

Date received:

Date analysed:

Acid Elution Screen

| Sample Quality | Patient 1 | Patient 2 |
|--|-----------|-----------|
| Satisfactory | | |
| Unsatisfactory | | |
| If unsatisfactory, please state reason and only enter results if you would do so in a clinical situation | | |

| | |
|--|--|
| Your submethod (Acid Elution kit) | |
|--|--|

| Screening | Patient 1 | | Patient 2 | |
|---|-----------|----|-----------|----|
| | Yes | No | Yes | No |
| Were any fetal cells seen? | | | | |
| Were sufficient fetal cells detected to trigger quantification? | | | | |
| Do you use a semi-quantitative screen based on BSH guidelines? | | | | |

| Anti-D Prophylaxis (IU) (including 'standard' post-natal dose) | Patient 1 | Patient 2 |
|--|-----------|-----------|
| Prescribed dose e.g. 1500IU (pending any follow-up, and including 'standard' post-natal dose) | | |

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Distribution Number:

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Acid Elution Screen +/- Quantification

| Sample Quality | Patient 1 | | Patient 2 | | | |
|--|-----------|----------------------|-----------|-----|----------------------|----|
| Satisfactory | | | | | | |
| Unsatisfactory | | | | | | |
| If unsatisfactory, please state reason and only enter results if you would do so in a clinical situation | | | | | | |
| Your submethod (Acid Elution kit) | | | | | | |
| Screening | Patient 1 | | Patient 2 | | | |
| | Yes | No | Yes | No | | |
| Were any fetal cells seen? | | | | | | |
| Were sufficient fetal cells detected to trigger quantification? | | | | | | |
| Do you use a semi-quantitative screen based on BSH guidelines? | | | | | | |
| Quantification | Patient 1 | | Patient 2 | | | |
| Actual bleed volume results (in mL packed cells, and to one decimal place) | | | | | | |
| Reported FMH result (in mL packed cells, as reported in clinical practice) | | | | | | |
| Anti-D Prophylaxis (IU) | Patient 1 | | Patient 2 | | | |
| (including 'standard' post-natal dose) please do not use decimal points | | | | | | |
| Calculated dose e.g. 1125IU (based on reported FMH) | | | | | | |
| Prescribed dose e.g. 1500IU (pending any follow-up, and including 'standard' post-natal dose) | | | | | | |
| Follow-up Procedures (if this was a clinical situation) | Patient 1 | | Patient 2 | | | |
| | Yes | No | Yes | No | | |
| Would you refer for quantification by flow cytometry? | | | | | | |
| | Yes | Depends on FC result | No | Yes | Depends on FC result | No |
| Would you request a repeat sample? | | | | | | |

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Flow Cytometry Quantification

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| | | |
|-----------------------|-------------------------|----------------------|
| Your submethod | Flow Instrument: | <input type="text"/> |
| | Reagent: | <input type="text"/> |

| Quantification | Patient 1 | Patient 2 |
|--|-----------|-----------|
| Actual bleed volume results (in mL packed cells, and to one decimal place) | | |
| Reported FMH result (in mL packed cells, as reported in clinical practice) | | |
| Percentage fetal cells (only if calculated routinely) | | |

| Anti-D Prophylaxis (IU) | Patient 1 | Patient 2 |
|---|------------------|------------------|
| (including 'standard' post-natal dose) please do not use decimal points | | |
| Does your laboratory make recommendations for Anti-D Ig dosing? | | |
| Questions in blue are only required if answering "Yes" to above question | | |
| Calculated dose e.g. 1125IU (based on reported FMH) | | |
| Prescribed dose e.g. 1500IU (pending any follow-up, and including 'standard' post-natal dose) | | |
| | | |
| Follow-up Procedures (if this was a clinical situation) | Patient 1 | Patient 2 |
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Flow Cytometry Screen +/- Quantification

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| Screening | Patient 1 | | Patient 2 | |
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|----------------------|----------------------------------|----------------|----------------------------------|
| Distribution Number: | <input type="text" value="F"/> | PRN: | <input type="text"/> |
| Date received: | <input type="text" value="/ /"/> | Date analysed: | <input type="text" value="/ /"/> |

Acid Elution Screen +/- Flow Cytometry Quantification

| | | |
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