Please select the appropriate page for your testing registration

UK NEQAS FMH

Distribution Number: F **PRN:**

Date received: / / **Date analysed:** / /

Acid Elution Screen

Sample Quality	Patient 1	Patient 2	Patient 3
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		Patient 3	
	Yes	No	Yes	No	Yes	No
Were any fetal cells seen?						
Were sufficient fetal cells detected to trigger quantification?						
Do you use a semi-quantitive screen based on BSH guidelines?						

Anti-D Prophylaxis (IU) (including 'standard' post-natal dose)	Patient 1	Patient 2	Patient 3
Prescribed dose e.g. 1500IU (pending any follow-up, and including 'standard' post-natal dose)			

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UK NEQAS FMH

Distribution Number: F **PRN:**

Date received: / / **Date analysed:** / /

Acid Elution Screen +/- Quantification

Sample Quality	Patient 1	Patient 2	Patient 3
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		Patient 3	
	Yes	No	Yes	No	Yes	No
Were any fetal cells seen?						
Were sufficient fetal cells detected to trigger quantification?						
Do you use a semi-quantitive screen based on BSH guidelines?						

Quantification	Patient 1	Patient 2	Patient 3
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) (including 'standard' post-natal dose) please do not use decimal points	Patient 1	Patient 2	Patient 3
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		Patient 3	
	Yes	No	Yes	No	Yes	No
Would you refer for quantification by flow cytometry?						

	Patient 1			Patient 2			Patient 3		
	Yes	Depends on FC result	No	Yes	Depends on FC result	No	Yes	Depends on FC result	No
Would you request a repeat sample?									

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UK NEQAS FMH

Distribution Number: F **PRN:**

Date received: / / **Date analysed:** / /

Flow Cytometry Quantification

Sample Quality	Patient 1	Patient 2	Patient 3
Satisfactory			
Unsatisfactory			
If unsatisfactory, please state reason and only enter results if you would do so in a clinical situation			

Your submethod		
	Flow Instrument:	
	Reagent:	

Quantification	Patient 1	Patient 2	Patient 3
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) (including 'standard' post-natal dose) please do not use decimal points	Patient 1	Patient 2	Patient 3
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	Patient 3
Would you request a repeat sample?			

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Distribution Number: F **PRN:**

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Flow Cytometry Screen +/- Quantification

Sample Quality	Patient 1	Patient 2	Patient 3
Satisfactory			
Unsatisfactory			
If unsatisfactory, please state reason and only enter results if you would do so in a clinical situation			

Your submethod	
Flow Instrument:	
Reagent:	

Screening	Patient 1		Patient 2		Patient 3	
Were sufficient fetal cells detected to trigger quantification?	Yes	No	Yes	No	Yes	No

Quantification	Patient 1	Patient 2	Patient 3
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) (including 'standard' post-natal dose) please do not use decimal points	Patient 1	Patient 2	Patient 3
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	Patient 3
Would you request a repeat sample?			

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Distribution Number: F **PRN:**

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Acid Elution Screen +/- Flow Cytometry Quantification

Sample Quality	**Patient 1**	**Patient 2**	**Patient 3**
Satisfactory			
Unsatisfactory			
If unsatisfactory, please state reason and only enter results if you would do so in a clinical situation			

Screening submethod (Acid Elution kit)	

Screening	**Patient 1**		**Patient 2**		**Patient 3**	
	Yes	**No**	**Yes**	**No**	**Yes**	**No**
Were any fetal cells seen?						
Were sufficient fetal cells detected to trigger quantification?						
Do you use a semi-quantitive screen based on BSH guidelines?						

Quantification submethod	
Flow Instrument:	
Reagent:	

Quantification	**Patient 1**	**Patient 2**	**Patient 3**
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) (including 'standard' post-natal dose) please do not use decimal points	**Patient 1**	**Patient 2**	**Patient 3**
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**	**Patient 3**
Would you request a repeat sample?			