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Order form
Fœtal Rhesus D Genotyping
using maternal blood

INTERNATIONAL DIVISION
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PATIENT

Surname: .....

Maiden name: .....

First name: .....

Date of birth: D D M M Y Y Y Y

Date of last period: | | | | | | | | |

Pregnancy start date: | | | | | | | | |

Pregnancy ☐ single fœtus ☐ twin

Patient with known anti-D alloimmunisation

☐ NO ☐ YES

Date of sample collection: D D M M Y Y

Specify geographical origin:

Patient:	☐ Europe	☐ North Africa	☐ Africa/Caribbean
	☐ Middle East	☐ Asia	☐ Other: .....
Father:	☐ Europe	☐ North Africa	☐ Africa/Caribbean
	☐ Middle East	☐ Asia	☐ Other: .....

DECLARATION OF CONSULTATION AND INFORMED CONSENT

I, the undersigned (patient first name and surname) .... hereby declare that I have received information from the doctor or midwife (prescriber first name and surname) ..... about the characteristics of the fœtal rhesus D screening test using the fœtal DNA circulating freely in the maternal blood, during a medical consultation on D D M M Y Y Y Y, in particular regarding the following points:

- A situation of fœtal-maternal rhesus D incompatibility for the pregnancy in progress can result in a risk of severe fœtal and/or neonatal anaemia if not adequately monitored and/or treated;
- This test can diagnose a potential situation of fœtal-maternal incompatibility for the pregnancy in progress and lead to suitable action being taken, if applicable; In the event of a non-immunised RhD Negative patient, this test can determine if antenatal immunoprophylaxis is appropriate;
- A blood sample is taken during the pregnancy, starting from 9 weeks of pregnancy (= 11 weeks of amenorrhea). This will not put either the pregnancy or fœtus at risk;
- The test technique used only searches for the presence of the fœtal RHD genotype; it searches for no other fœtal genetic characteristics;
- This technique can sometimes give false positive results;
- The test result will be sent to me and explained by my phycisian or another practitioner experienced in prenatal screening;
- If the result is negative or indeterminate, another test must be performed 15 days later (or earlier than 15 days later if the pregnancy is already at an advanced stage), with a new maternal blood sample taken for confirmation*.

I consent to the performance of a genetic test relative to fœtal Rhesus D based on fœtal DNA circulating freely in the maternal blood.

This test of fœtal DNA will be performed in a medical biology laboratory authorised to perform prenatal diagnosis by the French Regional Public Health Authority.

The original copy of this document will be filed in my medical record by the prescriber. A copy of this document will be given to me. The second copy will be sent to the medical biology laboratory in charge of the file. They will store this document under the same conditions as the examination report.

Signed in ..... On .....

Signature and stamp of the requesting physician *(required)*

Patient's signature *(required)*

In accordance with applicable French laws (Decree 2007-1220 of 10 August 2007), my sample will be removed once the legal retention period has expired or may be used by the laboratory in an anonymous manner and in compliance with medical confidentiality rules for scientific or quality assurance purposes. I can object to such use by sending a simple mail to the Laboratory at the attention of the medical office.

*In the conditions of accreditation of the laboratory, the control sample must be taken **AT LEAST TWO WEEKS AFTER THE FIRST SAMPLE AND FROM 16 WA** for all the files with a term at the 1st sample between 11 and 14 WA.

Documents required

- Photocopy of the patient's blood group card
- Medical prescription "Foetal RhD genotyping using maternal blood"
- Attach a copy of the Indirect antiglobulin test (IAT) result and titration/weighting if the patient is anti-RH1 (anti-D) alloimmunised

B37-INTGB - March 2023