

Clinical Information Form

Genetic foetalblood typing

Referring laboratory

Stamp and signature required

LMP: | | || || |

Conception date: |_|_|/|_|_|/|_|_|

Date :

Cytogenetics laboratory:

● **Mother:**

Please specify the father's RH-KEL1 phenotyping:

Signed in (city):..... On (date)

Patient's signature

R22-INTGB - Juin 2017