



Biomnis

## Clinical Information Form Immunology-haematology

### INTERNATIONAL DIVISION

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### PATIENT DETAILS\*

First name(s)\*: .....

Gender\* :  M  F

Name of birth\*: .....

Ethnic origin: .....

Surname\*: .....

Date of birth\*:

Date and time of sampling:

*\*This information must also be indicated on the sample (GLP Guidelines).*

at  hrs  min

### CLINICAL DETAILS

ABO group- RH-KEL1 phenotype (if known): .....

RBC antibody screening result - *please attach the results:* .....

Previous history of positive  
RBC antibody screening:

YES  NO

If yes, antibody identified: .....

### REASON FOR THE REQUEST

Pre-operative test:  YES  NO

Obstetrics:  YES  NO

Kleihauer test:  YES  NO

• Pregnancy:  YES  NO Date of conception:

• This pregnancy is the patient's...  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  > 3

• Other:  Termination of pregnancy  Miscarriage  Bleeding  Trauma

• RhD immune globulin prophylaxis (RhoGAM®):  YES  NO

• Date(s) of injection:

• Injected dose:  100 µg  200 µg  300 µg

• Name of maternity hospital: .....

Blood transfusions:  YES  NO

• Date(s) of transfusion:

Multiple Myeloma treated by daratumumab:  YES  NO

Other (graft, and blood disease...): .....