

CANINE CROSS MATCH REQUEST FORM FOR PET BLOOD BANK UK - RECIPIENT

<u>Lab Number</u>	Date	Name and Address of Recipient Owner	For Lab Use Only <input type="checkbox"/> EDTA <input type="checkbox"/> SEP SERUM
	Veterinary Surgeon		
Copy to P273 and orders@petbloodbank.uk.org	Address Stamp	Name of Recipient	
		Breed of Recipient	
<u>Vet Code</u>		Date of Birth OR Age of Recipient	
	Practice/surgeon's email address for Cross Match results: **	Sex of Recipient	
		Neutered or Entire - Recipient	

** Failure to provide the correct email address on this form will delay the cross match

CODE	TEST DESCRIPTION	MINIMUM SAMPLE REQUIREMENTS
VNXM	Cross Match	0.5 ml EDTA Preferably 3 x Plain Serum Tubes or 3 x Serum Gel Tubes N.B Please centrifuge gel tubes for 20 minutes after sampling

Please submit samples by Guaranteed Mail to ensure prompt delivery and processing. The cost of this service will be deducted from the test charge. Submission of samples in the normal post may result in a delay in processing.

***An additional cross matching charge may be applied if the recipient Blood Type supplied is incorrect**

Current Haemolysis or Agglutination Suspected?

YES NO

Blood Type if known – DEA 1*

POS NEG

Any previous transfusions given? – Please add detail such as number / blood

YES NO

type if known in the comment box below

Current PCV if known

Diagnosis:

Any relevant history or clinical findings:
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The information provided on this form will be shared between IDEXX Laboratories and PBBuk according to both companies R&D policies and Terms and Conditions of Service.

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