

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

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

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

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

Current Haemolysis or Agglutination Suspected	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Blood Type if known – DEA 1 **	Pos <input type="checkbox"/>	Weak Positive <input type="checkbox"/>	Negative <input type="checkbox"/>
Any previous transfusions given? Please add detail such as number of transfusions/ blood type transfused if known in the comments box below	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Current PCV if known			
Diagnosis			
Any relevant or clinical findings			

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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