

**New York Blood Center**  
Laboratory of Immunochemistry  
Molecular Analysis Laboratory

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**Request for DNA Analysis of  
Blood Groups of Amniotic Fluid**

Test Requested \_\_\_\_\_ Routine  ASAP  Date Collected \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

**Demographic Information**

Patient (Mother) Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Medical Record Number \_\_\_\_\_ Social Security Number (optional) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Diagnosis \_\_\_\_\_ NYBC Ref # \_\_\_\_\_

Ethnicity of Mother  
(check all that apply) African-American  Asian  Hispanic  Native American  Pacific Islander  White  Other \_\_\_\_\_

Father Last Name: \_\_\_\_\_ Father First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Ethnicity of Father  
(check all that apply) African-American  Asian  Hispanic  Native American  Pacific Islander  White  Other \_\_\_\_\_

**Clinical Information** Expected date of delivery \_\_\_\_\_

Has mother received blood transfusion in last 3 months? If yes, number \_\_\_\_ Comments \_\_\_\_\_

Has father received blood transfusion in last 3 months? If yes, number \_\_\_\_ Comments \_\_\_\_\_

Has mother received a stem cell transplant? Yes  No  When \_\_\_\_ Comments \_\_\_\_\_

Has father received a stem cell transplant? Yes  No  When \_\_\_\_ Comments \_\_\_\_\_

Is this pregnancy a result of non-spousal insemination? Yes  No

**Samples Required**

Amniocytic fluid (at least 5 ml) Date collected \_\_\_\_\_

Mother's sample Blood  Buccal cells  Date collected \_\_\_\_\_ Antibody \_\_\_\_\_ Titer \_\_\_\_\_  
Phenotype \_\_\_\_\_ Antibody \_\_\_\_\_ Titer \_\_\_\_\_  
Antibody \_\_\_\_\_ Titer \_\_\_\_\_

Father's sample (if available) Blood  Buccal cells  Date collected \_\_\_\_\_ Father's Phenotype \_\_\_\_\_

**Information on Hospital/Institution Submitting Sample** (complete in full)

Contact Person \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Hospital/Institution Name \_\_\_\_\_

Hospital Address \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ E-mail \_\_\_\_\_

**Overnight delivery preferred**