

1. Last Name	First Name	MI
2. Patient Number (Soc. Security No.)		
3. Address	4. Date of Birth	
	Month	Day
5. Race <input type="checkbox"/> 1. White <input type="checkbox"/> 2. Black <input type="checkbox"/> 3. American Indian <input type="checkbox"/> 4. Asian <input type="checkbox"/> 5. Native Hawaiian/Pacific Islander <input type="checkbox"/> 6. Unknown		
6. Hispanic or Latino Origin? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Unknown		
7. Sex <input type="checkbox"/> 1. Male <input type="checkbox"/> 2. Female	8. Co. of Residence	
9. Medicaid Client <input type="checkbox"/> Yes If yes, enter # <input type="checkbox"/> No		

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----- EMPLOYER IDENTIFICATION NUMBER

DHHS 2828 (Revised 05/11)
Laboratory (Review 05/13)

RETAIN AT STATE LABORATORY (5 years)

STATE LAB NO./DATE REC'D

N. C. Dept. of Health and Human Services
State Laboratory of Public Health
Leslie Wolf, PhD, Director
NEWBORN SCREENING/CLIN. CHEM. BRANCH
306 N. Wilmington St., PO Box 28047
Raleigh, North Carolina 27611-8047
(919) 733-3937

ESSENTIAL SPECIMEN DATA:

Date Collected: _____

Initial screen

Repeat screen

RH₀ Immune Globulin injection Date Given: _____

Previous positive antibody detected

BLOOD GROUPING AND TYPING – PRENATAL

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BLOOD GROUPING AND TYPING – PRENATAL

INSTRUCTIONS FOR BLOOD TYPING

Use: CLINICAL CHEMISTRY mailing container,
DHHS Form 2828

Please fill out form completely, answering all questions in patient identification block.
Please include Medicaid number if patient is Medicaid eligible.

Please give all clinical information requested. It is essential for proper testing.

SPECIMEN COLLECTION:

On each patient 1 tube containing EDTA must be filled (5-7 ml).

Mix blood with EDTA in tube immediately, gently, and thoroughly. Label tube with patient's full name, date of birth, and date collected.

Allow specimens to remain at room temperature for 30 minutes, then refrigerate until transported.
Specimens for blood typing must be tested within 5 days after collection.
Place return address on outside of mailing container.

UNSATISFACTORY SPECIMEN RESULT IF:

1. Full name of patient not on tube
2. Names on tubes and forms do not match
3. Specimen greater than 5 days old
4. Hemolyzed
5. Broken in transit
6. Quantity not sufficient
7. EDTA blood not received
8. No date of collection
9. Other _____

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