Cerba

MEDICAL PRESCRIPTION FORM

IMMUNO-HAEMATOLOGY

Laboratoire Cerba
Customer relation service
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TESTING LABORATORY

Customer N° : |_|_|_|_|_| C /|_|

Mandatory stamp

SAMPLING

Sampling date: |_|_|/|_|_|/|_|_|_|_|

Samplinf time: |_|_| h |_|_|

PATIENTE

SURNAME : .....

FIRST NAME: .....

Maiden name: .....

Date of birth: |_|_|/|_|_|/|_|_|_|_|

Sex: ☐ F ☐ M

Address: .....

Country ..... City .....

Tel : |_|_| |_|_| |_|_| |_|_| |_|_|

PRESCRIPTEUR

SURNAME: .....

FIRST NAME: .....

Address .....

Country ..... City .....

Tel. |_|_| |_|_| |_|_| |_|_| |_|_|

Fax. |_|_| |_|_| |_|_| |_|_| |_|_|

Email address: .....

Signature:

CLINICAL CONTEXT

- Pre-surgery: ☐ Yes ☐ No
- Transfusion: ☐ Yes ☐ No If yes, date < 4 months: ☐ Yes ☐ No
- Pregnancy: ☐ Yes ☐ No If yes, start date of pregnancy: |_|_|/|_|_|/|_|_|_|_|

  Number of previous pregnancy: |_|_| Others: ☐ TOP ☐ Miscarriage

  Notion of anti-D injection (Rhophylac®) : ☐ Yes ☐ No

  If yes, date: |_|_|/|_|_|/|_|_|_|_| Injected dose: ☐ 200µg ☐ 300µg
- Myelom treated by anti-CD38: ☐ Yes ☐ No
- Anti-CD47 treatment: ☐ Yes ☐ No
- Others informations (pathology, …): .....

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ELEMENTS OF ORIENTATION **

- Irregular Antibodies Screening results *(attach a photocopy of the results)*: .....
- History of positive irregular antibody screening (RAI): ☐ Yes ☐ No

  If yes, Identified Ab: .....
- Complet Blood group (ABO RH-KEL1) *(attach a photocopy of the results)*: .....

** To be completed for any request of irregular antibodies screening.