### **UK NEQAS FMH**

Distribution Number:			İ	PRN:			
Date received: / /		Da	te anal	ysed:	1	1	
Acid Elution So	creen						
Sample Quality	Pati	ent 1	Patie	ent 2	Patient 3		
Satisfacto	ry						
Unsatisfacto	ry						
If unsatisfactory, please state reason and or	-						
enter results if you would do so in a clinical situation	on						
Your submethod (Acid Elution kit)							
Screening	Pati	ent 1	Patie	ent 2	Patio	ent 3	
	Yes	No	Yes	No	Yes	No	
Were any fetal cells seen	1?						
Were sufficient fetal cells detected to trigger quantification	1?						
Do you use a semi-quantitive screen based on BSH guidelines	s?						
Anti-D Prophylaxis (IU)							
(including 'standard' post-natal dose)	Pati	Patient 1 Pat		ent 2	t 2 Patient		
Prescribed dose e.g. 1500	IU						
(pending any follow-up, and including 'standard' post-natal dos							

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# **UK NEQAS FMH**

		_													
Distribution Number:	on Number: F														
Date received:	1 1	Date analysed:								1	1				
	Acid Elution	on Screen +/- (	Qua	ant	ific	ati	on								
Sample Quality				Pati	ent 1		Patient 2					Patient 3			
Satisfactory  Unsatisfactory  If unsatisfactory, please state reason and only enter results if you would do so in a clinical situation															
Your submethod (Acid E	Elution kit)														
Screening				Pati	ent 1		Patient 2				Patient 3				
			Υ	es	N	0	Υ	es	N	0	Y	es	No	0	
M		any fetal cells seen?													
Were sufficient fetal cell Do you use a semi-quantitiv	`														
Quantification		on zon garaennee.		Patient 1 Patient 2					)		Patie	nt 3			
,		pleed volume results to one decimal place)									Tuu	<i>-</i> 1110			
,		Reported FMH result ed in clinical practice)													
Anti-D Prophylaxis (IU)  (including 'standard' post-natal dose) please do not use decimal points			Patient 1 Patient 2					!	Patient 3						
Calculated dose e.g. 1125IU (based on reported FMH)															
(pending any follow-up, a		oed dose e.g. 1500IU ndard' post-natal dose)													
Follow-up Procedures (if this was a clinical situation)			Patient 1 Patient 2			)	Patient 3								
Would you refer f	or quantification	by flow cytometry?	Yes No Yes No try?		0	Yes		No	<u> </u>						
			Yes	on	ends FC sult	No	Yes	on	ends FC sult	No	Yes	De pe on res	FC	No	
l v	Vould vou reque	st a reneat sample?									1			l	

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		TIVEQASTIVITI						
Distribution Number:	F			PRN:				
Date received:	1 1		Date analysed: /					
	Flow Cy	/tometry Quantifica	ntion					
Sample Quality			Patient 1	Patient 2	Patient 3			
		Satisfactory						
		Unsatisfactory						
		ease state reason and only do so in a clinical situation						
Your submethod		Flow Instrument:						
		Reagent:						
		-						
Quantification			Patient 1	Patient 2	Patient 3			
	Act	tual bleed volume results						
(ir	n mL packed cells,	and to one decimal place)						
		Reported FMH result						
(in mL	packed cells, as r	eported in clinical practice)						
		Percentage fetal cells						
	(	only if calculated routinely)						
Anti-D Prophylaxis (I	U)		Patient 1	Patient 2	Patient 3			
(including 'standard' post-n	atal dose) please o	do not use decimal points						
Does your labora	tory make recom	mendations for Anti-D lg dosing?						
Ques	tions in <mark>blue</mark> are or	nly required if answering "Ye	s" to above qւ	uestion				
	Са	Iculated dose e.g. 1125IU (based on reported FMH)						
(pending any follow-		escribed dose e.g. 1500IU 'standard' post-natal dose)						
Follow-up Procedure	<b>S</b> (if this was a clir	nical situation)	Patient 1	Patient 2	Patient 3			
	`	request a repeat sample?						

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### **UK NEQAS FMH**

	_								
Distribution Number:	F								
Date received:	1 1		ļ	Date a	ed:	1	1		
F	Flow Cytom	etry Screen +/- Qua	antific	catio	n				
Sample Quality			Patie	ent 1	Patie	ent 2	Patient 3		
	Satisfactory								
		Unsatisfactory							
	• .	lease state reason and only I do so in a clinical situation							
Your submethod		Flow Instrument:							
		Reagent:							
Screening			Patie	ent 1	Patie	ent 2	Patient 3		
	Were sufficient fetal cells detected to trigger quantification?		Yes	No	Yes	No	Yes	No	
Were sufficient feta			100				100		
Quantification			Patie	ent 1	ent 2	Patient 3			
	Ac	tual bleed volume results							
(ir	nmL packed cells	s, and to one decimal place)							
		Reported FMH result							
(in mL	packed cells, as	reported in clinical practice)							
		Percentage fetal cells							
		(only if calculated routinely)							
Anti-D Prophylaxis (III) (including 'standard' post-na	•	do not use decimal points	Patient 1 Patient 2			ent 2	Patient 3		
		nmendations for Anti-D lg dosing?							
Ques	tions in <mark>blue</mark> are o	only required if answering "Ye	es" to a	bove qu	uestion				
	Ca	ilculated dose e.g. 1125IU (based on reported FMH)							
(pending any follow		escribed dose e.g. 1500IU g 'standard' post-natal dose)							
							<u> </u>		
Follow-up Procedure	S (if this was a c	linical situation)	Patie	ent 1	Patie	ent 2	Patie	ent 3	
	Would you r	equest a repeat sample?							

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# **UK NEQAS FMH**

		1							
Distribution Number:	F		PRN:						
Date received:	1 1			Date a	1	1			
					L				
Acid El	ution Scree	n +/- Flow Cytomet	ry Q	uanti	ificati	ion			
Sample Quality			Patio	ent 1	ent 2	Patient 3			
		Satisfactory							
		Unsatisfactory							
ŀ	f unsatisfactory, բ	blease state reason and only							
enter re	esults if you would	d do so in a clinical situation							
Screening submethod	d (Acid Elution ki	t)			•		-		
Screening			Patio	ent 1	Patient 2		Patie	ent 3	
			Yes	No	Yes	No	Yes	No	
	V	Vere any fetal cells seen?							
Were sufficient feta	al cells detected	to trigger quantification?							
Do you use a semi-qua	antitive screen b	pased on BSH guidelines?							
Quantification subme	thod	Flow Instrument:		-	•				
		Reagent:							
Quantification			Patio	Patient 1 Patient 2			Patient 3		
- Courtement of the Courte of	A(	ctual bleed volume results							
(i)		s, and to one decimal place)							
	THE pasted con-	Reported FMH result							
(in mL	. packed cells, as	reported in clinical practice)							
		Percentage fetal cells							
		(only if calculated routinely)							
Anti-D Prophylaxis (IU			Patient 1 Patient 2				İ		
(including 'standard' post-nat	•	o not use decimal points	Patio	ent 1	Patio	ent 2	Patio	ent 3	
	, .	tions for Anti-D lg dosing?							
Ques	tions in blue are	only required if answering "Ye	s" to a	bove qu	estion		•		
	Ca	alculated dose e.g. 1125IU (based on reported FMH)							
(pending any follow		rescribed dose e.g. 1500IU g 'standard' post-natal dose)							
Follow-up Procedures	<b>S</b> (if this was a cl	inical situation)	Patio	ent 1	Patio	ent 2	Patio	ent 3	
_	•	request a repeat sample?							

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