



**NETS**

## NETS Crossmatch Form

### Maternal Samples Accompanying a Transferred Neonatal Patient

**DO NOT USE ID LABELS – HANDWRITE IN FULL**

*Completed by referring hospital staff*

**Mother's Name:** .....

**Mother's MRN:** .....

**Mother's DOB:** .....

**Baby's Name (if assigned):** .....

**Baby's DOB:** .....

**Referring Hospital:**.....

**Collector's Name:** ..... **Signature:** .....

**Witness to Collection:** (Must witness collection & identify the mother. May be the parent).

**Witness' Name:**..... **Signature:** .....

Date/Time of Collection: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ at \_\_\_\_\_:\_\_\_\_\_ hours

**Doctor's name:** ..... **Signature:** .....

Your contact Telephone & Pager Nos.....

Hospital transferred to: ..... Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### **Specimen required 5mL EDTA sample**

All tubes must have handwritten:

1. Mother's name, DOB & MRN (matching the above details)
2. Collector's signature (matching above)
3. Date & time of collection