

**NATIONAL HAEMOGLOBINOPATHY REFERENCE LABORATORY
 REQUEST FORM:
 Prenatal Diagnosis of Haemoglobin Disorders**

MOTHER'S DETAILS:		PARTNER'S DETAILS:	
Surname:		Surname:	
Forename:		Forename:	
Date of Birth:		Date of Birth:	
Address:		Address:	
NHS Number:		NHS No.	
Hospital No:		Hospital No:	
GP Name & Address:			

Referred By:		Report To:	
Name:		Name:	
Address :		Address:	
Telephone No:		Telephone No:	

Invoice to be sent to:

FETAL SAMPLING DETAILS

Indication of risk:..... Mother's genotype:..... Father's genotype:

Type of samples sent (please circle) : Maternal blood / Paternal blood / CVS / CVS DNA / Amniotic fluid / Fetal Blood

Date/time of fetal sample:.....Gestation at sampling:

Cytogenetics lab used for cleaning /culturing:.....

Sample and Information Requirements

Fetal samples: The sample must be sent to a cytogenetics lab for cleaning before forwarding to us in lysing solution or transport medium.
 Parental samples: Fresh EDTA blood samples (at least 2mls) & ideally FBC/HPLC results should be sent with the PND request form.
 User Information: <http://www.oxford-translational-molecular-diagnostics.org.uk/>

Please telephone or email the laboratory (using the contact details below) to book in the fetal sample before sending.

Please indicate to confirm if the mother and partner have given consent for their DNA to be stored and used in research and development projects that have been granted ethical approval (please delete as appropriate): Yes / No

Signed.....

Date.....

Clinical Leads: Dr Wale Atoyebe and Dr. Noemi Roy
 Principal Clinical Scientist: Dr. Melanie Proven.
 Address: Molecular Haematology, Level 4, John Radcliffe Hospital, Headington, Oxford, OX3 9DU
 Laboratory: 01865 572769
 Email : oxford.molecularhaem@nhs.net Web site: <http://www.oxford-translational-molecular-diagnostics.org.uk/>



Ethnic Origin Form (To be completed by the referring health professional)

	Patient	Baby's Father
(A) MIXED		
Further information:.....		
(B) WHITE		
English, Scottish, Welsh or Irish	<input type="checkbox"/>	<input type="checkbox"/>
Other North European	<input type="checkbox"/>	<input type="checkbox"/>
Any other White background.....		
(C) MEDITERRANEAN		
Greek or Greek Cypriot	<input type="checkbox"/>	<input type="checkbox"/>
Turkish or Turkish Cypriot	<input type="checkbox"/>	<input type="checkbox"/>
Italian, Maltese	<input type="checkbox"/>	<input type="checkbox"/>
Any other Mediterranean background.....		
(D) ASIAN		
Indian or African-Indian	<input type="checkbox"/>	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>
Any other Asian background.....		
(E) SOUTH EAST ASIAN		
Chinese	<input type="checkbox"/>	<input type="checkbox"/>
Japanese	<input type="checkbox"/>	<input type="checkbox"/>
Thai, Vietnamese or Filipino	<input type="checkbox"/>	<input type="checkbox"/>
Malaysian or Indonesian	<input type="checkbox"/>	<input type="checkbox"/>
Any other SE Asian background.....		
(F) BLACK		
African	<input type="checkbox"/>	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>	<input type="checkbox"/>
Any other Black background.....		
(G) ARABIC		
Arab African	<input type="checkbox"/>	<input type="checkbox"/>
Iranian	<input type="checkbox"/>	<input type="checkbox"/>
Iraq	<input type="checkbox"/>	<input type="checkbox"/>
Kurdish	<input type="checkbox"/>	<input type="checkbox"/>
Any other Arabic background.....		
(H) DON'T KNOW	<input type="checkbox"/>	<input type="checkbox"/>