OXFORD Molecular Diagnostics Centre

Oxford University Hospitals NHS
NHS Foundation Trust

NATIONAL HAEMOGLOBINOPATHY REFERENCE LABORATORY
REQUEST FORM: OXFORD RED CELL PANEL (ORCP)

PATIENT DETAILS (please fill in or attach addressograph)

Surname:		**First Name:**	
Gender:	**D.O.B:**	**Post Code:**	**Patient reference No:**
NHS No:		**Ethnicity:**	

SUSPECTED DIAGNOSIS:

This is the PROBAND: ☐	**This is a FAMILY MEMBER:** ☐ **Proband name:** **Proband Date of Birth:** **Relationship to Proband:** **This individual is:** **AFFECTED** ☐ **UNAFFECTED** ☐

REQUESTER DETAILS

Requesting Clinician:	**Contact details (email & phone no):**
Address for report:	**Address for invoice:** **Same as for report:** ☐

TO AID INTERPRETATION OF RESULTS PLEASE PROVIDE US WITH THE FOLLOWING DETAILS:

RBC (red blood cell count, x10^12/L)		**WBC** (white blood cell count: x10^9/L)	
HGB (haemoglobin, g/L)		**NEUTROPHILS** (x10^9/L)	
MCV (mean corpuscular volume, fl)		**LYMPHOCYTES** (x10^9/L)	
MCH (mean corpuscular haemoglobin, pg)		**BILIRUBIN** (umol/L)	
RETICULOCYTES (x10^12/L & %)		**SGOT/AST** (Serum glutamic oxaloacetic transaminase, IU/L)	
PLATELETS (x10^9/L)		**SGPT/ALT** (Serum glutamic pyruvic transaminase, IU/L)	
FERRITIN (mlg/L)		**LDH** (lactate dehydrogenase: IU/L)	
TRANSFERRIN (%)		**DAT** (Direct Antiglobulin Test/Coombs Test)	POS/NEG/ not tested
BLOOD SMEAR RESULTS:			
BONE MARROW SMEAR RESULTS (please also supply date sample analysed):			

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TO AID INTERPRETATION OF RESULTS PLEASE PROVIDE THE FOLLOWING CLINICAL INFORMATION:

ANAEMIA ONSET AND TYPE (circle all that apply)	Fetus/Infant/Child/Adult Onset Acute Chronic Transfusion dependent	**JAUNDICE** (circle all that apply)	Prolonged neonatal Intermittent Chronic
SPLENOMEGALY	Y / N	**HEPATOMEGALY**	Y / N
PANCREATIC INSUFFICIENCY	Y / N	**GALLSTONES**	Y / N
DYSMORPHIC FACIES	Y / N	**SKELETAL, LIMB OR DIGIT ABNORMALITIES**	Y / N
DEVELOPMENTAL DELAY /LEARNING DIFFICULTIES	Y / N	**ANY OTHER ORGAN ABNORMALITIES**	Y / N
SHORT STATURE/ FAILURE TO THRIVE	Y / N	**FREQUENT INFECTIONS**	Y / N
FAMILY HISTORY (provide relationship to patient)	Anaemia Other relevant features:	**CONSANGUINITY**	Y / N

ANY OTHER RELEVANT DETAILS:
eg pertinent treatment details, results of other investigations such as enzyme levels, other non-haematological finding, history of bone marrow transplant, etc)

Genes included on the panel are as follows:
ABCB7, ALAS2, ALDOA, ANK1, C15orf41, CDAN1, ENO1, EPB41, EPB42, G6PD, GATA1, GATA2, GCLC, GPI, GPX1, GSR, GSS, HK1, KIF23, KLF1, LPIN2, NT5C3A, PFKM, PGK1, PIEZO1, PKLR, RHAG, RPL5, RPL9, RPL11, RPL26, RPL27, RPL35A, RPS7, RPS10, RPS17, RPS19, RPS24, RPS26, RPS27, RPS29, SBDS, SEC23B, SLC2A1, SLC4A1, SLC11A2, SLC25A38, SPTA1, SPTB, TMPRSS6, TPI1.
Variants identified during this analysis will be reported if there is reasonable evidence supporting clinical significance. This may include mutations associated with non-anaemia phenotypes or carrier status with reproductive implications.

Sample type (circle): DNA or **EDTA blood**

Date sampled:……

Please send samples to the address provided towards the foot of the form.

Consent has been obtained for the DNA/RNA of this sample to be stored and used in research/development projects that have been granted ethical approval (please delete as appropriate):

Yes / No **Signed**……

Clinician:…… **Date**……

Labelling Standards:
Please label samples with the **patient's**: Name, Date Of Birth, NHS Number (or Hospital Number for non-UK referrals). A minimum of 2 identifiers must be provided or the sample cannot be accepted for testing.

Address: Molecular Haematology, Level 4, John Radcliffe Hospital, Headington, Oxford, OX3 9DU
Sample reception: 01865 572769 Sec: 01865 572826 Fax: 01865 572775
Email : oxford.molecularhaem@nhs.net Web site: http://www.oxford-translational-molecular-diagnostics.org.uk/
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