

Please tick all boxes in ALL sections that apply to the woman and the baby's biological father.

A. AFRICAN OR AFRICAN-CARIBBEAN (BLACK)	Woman	Biological father
Caribbean Islands	<input type="checkbox"/>	<input type="checkbox"/>
Africa (excluding North Africa)	<input type="checkbox"/>	<input type="checkbox"/>
Any other African family origins	<input type="checkbox"/>	<input type="checkbox"/>
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B. SOUTH ASIAN (ASIAN)	Woman	Biological father
India or African-Indian	<input type="checkbox"/>	<input type="checkbox"/>
Pakistan, Bangladesh, Sri Lanka	<input type="checkbox"/>	<input type="checkbox"/>
C. SOUTH EAST ASIAN (ASIAN)	Woman	Biological father
China including Hong Kong, Taiwan	<input type="checkbox"/> #	<input type="checkbox"/> #
Singapore, Thailand, Indonesia	<input type="checkbox"/> #	<input type="checkbox"/> #
Malaysia, Vietnam, Philippines	<input type="checkbox"/> #	<input type="checkbox"/> #
Cambodia, Laos, Myanmar	<input type="checkbox"/> #	<input type="checkbox"/> #
Any other Asian family origins	<input type="checkbox"/> #	<input type="checkbox"/> #
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D. OTHER NON-EUROPEAN (OTHER)	Woman	Biological father
North Africa, South America	<input type="checkbox"/>	<input type="checkbox"/>
Middle East, Saudi Arabia, Iran	<input type="checkbox"/>	<input type="checkbox"/>
Any other non-European family origins	<input type="checkbox"/>	<input type="checkbox"/>
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E. SOUTHERN AND OTHER EUROPEAN (WHITE)	Woman	Biological father
Sardinia	<input type="checkbox"/> #	<input type="checkbox"/> #
Greece, Turkey, Cyprus	<input type="checkbox"/> #	<input type="checkbox"/> #
Italy, Portugal, Spain	<input type="checkbox"/>	<input type="checkbox"/>
Albania, Czech Republic	<input type="checkbox"/>	<input type="checkbox"/>
Poland, Romania, Russia	<input type="checkbox"/>	<input type="checkbox"/>
Any other Mediterranean country	<input type="checkbox"/>	<input type="checkbox"/>
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F.* UNITED KINGDOM (WHITE) refer to the list on the back England, Scotland, Northern Ireland, Wales	Woman <input type="checkbox"/>	Biological father <input type="checkbox"/>
G.* NORTHERN EUROPEAN (WHITE) refer to the list on the back Austria, Belgium, Switzerland, Scandinavia Eire, France, Germany, Netherlands Australia, North America, South Africa Any other European family origins	Woman <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Biological father <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
* Hb Variant Screening Requested by (F) and/or (G)	<input type="checkbox"/>	<input type="checkbox"/>
# Higher risk for alpha zero thalassaemia		
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H. DON'T KNOW	Woman	Biological father
Adoption/unknown ancestry	<input type="checkbox"/>	<input type="checkbox"/>
Donor egg/sperm (if pregnancy results from donor egg, order test for mother and offer biological father test immediately)	<input type="checkbox"/>	<input type="checkbox"/>
Bone marrow transplant (if mother has had a bone marrow transplant, order test for mother and offer biological father test immediately)	<input type="checkbox"/>	<input type="checkbox"/>
I. DECLINED TO ANSWER	<input type="checkbox"/>	<input type="checkbox"/>