

**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 /Maternal DNA / Paternal blood / Paternal DNA / CVS / CVS DNA / Amniotic fluid /Amniotic Fluid DNA/ Fetal Blood /Fetal blood DNA

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

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

Sample and Information Requirements (see also NHRL information for users)

Fetal samples: Fetal DNA/ cleaned up CVS in transport medium/ Amniotic Fluid (>10 mls)
 Parental samples: Fresh EDTA blood samples (ideally 2x4 mls) or extracted DNA. **Please send parental FBC/HPLC results.**
 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 to send PND referrals: Rachel Roche, Oxford Regional Genetics Laboratories, Oxford University Hospitals NHS Foundation Trust, The Churchill Hospital, Oxford. OX3 7LE

Molecular Haematology Laboratory: 01865 572769
 Email : oxford.molecularhaem@nhs.net Web site: <http://www.oxford-translational-molecular-diagnostics.org.uk/>



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	Woman	Biological father
England, Scotland, Northern Ireland, Wales	<input type="checkbox"/>	<input type="checkbox"/>
G.* NORTHERN EUROPEAN (WHITE) refer to the list on the back	Woman	Biological father
Austria, Belgium, Switzerland, Scandinavia	<input type="checkbox"/>	<input type="checkbox"/>
Eire, France, Germany, Netherlands	<input type="checkbox"/>	<input type="checkbox"/>
Australia, North America, South Africa	<input type="checkbox"/>	<input type="checkbox"/>
Any other European family origins	<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"/>