

**Manchester Haemoglobinopathy Diagnostics Service**  
 Telephone 0161 276 4880

*User information available at:*  
<https://mft.nhs.uk/the-trust/other-departments/laboratory-medicine/haematology/haemoglobinopathy/>

**REQUEST FORM - Prenatal Diagnosis of Haemoglobin Disorders**  
 Please telephone 0161 276 4809 to book investigation prior to despatch.

<b>Mother's details</b>		<b>Partner's details</b>	
<b>Surname</b>		<b>Surname</b>	
<b>Forename</b>		<b>Forename</b>	
<b>D.O.B</b>		<b>D.O.B</b>	
<b>Ethnicity</b> <i>(Please see attached FOQ)</i>		<b>Ethnicity</b>	
<b>Address</b>		<b>Address</b>	
<b>NHS No.</b>		<b>NHS No.</b>	
<b>Hospital No.</b>		<b>Hospital No.</b>	
<b>Genotype/reason for referral</b>		<b>Genotype/reason for referral</b>	
<b>EDD</b>		<b>Any other information:</b>	
<b>G.P. Name/address</b>			

<b>Referred by (Name in full)</b>	
<b>Report to</b>	
<b>Hospital/Department/Address</b>	
<b>Telephone No.</b>	
<b>Fax no.</b>	

<i>Please <b>tick</b> which type of samples sent</i>	<b>*Maternal Blood</b>	<b>*Paternal Blood</b>	<b>Chorionic Villi Sample (CVS)</b>	<b>Amniotic Fluid (AF)</b>	<b>DNA</b> <i>(specify sample origin e.g. CVS or AF or Blood)</i>

**DATE/TIME of fetal sample collection:**

Sample requirements for Prenatal sample are available at: <https://www.mangen.co.uk/healthcare-professionals/manchester-genetic-diagnostic-laboratory/general-information/sample-types/>  
 \*(min 1 x EDTA) Please include matching FBC & HPLC results with parental blood samples

**Please Note: Maternal Cell Contamination (MCC) and QF-PCR (for chromosomal abnormalities) must be performed by laboratory performing DNA extraction of the prenatal (AF/CVS) samples. Please include copy of MCC report if available.**

Please indicate if the mother and partner have given consent for these DNA samples to be stored long term: **YES / NO**

**Signed**.....(Health care professional)      **Date**.....

Copies of this form are available from  
<https://mft.nhs.uk/the-trust/other-departments/laboratory-medicine/haematology/haemoglobinopathy/>

## **FAMILY ORIGIN INFORMATION**

***Please complete this section of the form for both parents***

### **Ethnicity details:**

**A. MIXED** (Please tick all boxes in sections **B, C, D, E, F, G** and **H** that apply)

*Further information* \_\_\_\_\_

**B. WHITE** English, Scottish, Welsh or Irish  Other North European

*Any other white background* \_\_\_\_\_

**C. MEDITERRANEAN** Greek or Greek Cypriot  Turkish or Turkish Cypriot  
Italian, Maltese

*Any other Mediterranean background* \_\_\_\_\_

**D. ASIAN** Indian or African-Indian  Pakistani  Bangladeshi

*Any other Asian background* \_\_\_\_\_

**E. SOUTH EAST ASIAN** Chinese  Japanese  Thai, Vietnamese or Filipino   
Malaysian or Indonesian

*Any other SE Asian background* \_\_\_\_\_

**F. BLACK** African  Caribbean

*Any other black background* \_\_\_\_\_

**G. ARABIC** Arab African  Iranian  Iraqi  Kurdish

*Any other Arabic background* \_\_\_\_\_

**H. DON'T KNOW**

Information for individuals who carry alpha or beta thalassaemia can be obtained from:  
<http://www.chime.ucl.ac.uk/APoGI/data/html/hb/carriers/menu.htm>