

Manchester Haemoglobinopathy Diagnostic Service

For genotyping enquiries contact:
Dr. Steve Keeney, Clinical Scientist
Lab: 0161 276-4880 /5990 Fax /5989
email: steve.keeney@mft.nhs.uk

Request for DNA analysis

For phenotyping enquiries contact:
Dr. Michelle Brereton, CBMS
Lab: 0161 276-4803 /4689, Fax / 64654
email: michelle.brereton@mft.nhs.uk

Send this form and samples* to:

Dept. of Haematology
Red Cell Laboratory
Auto Lab, CSB1
Manchester Royal Infirmary
Oxford Rd
Manchester
M13 9WL

Contact Tel. 0161 276 4803

ORIGINATING Laboratory / Hospital:

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.....
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Contact Name:

Contact Tel:.....

Contact Fax:.....

Return report to:

**Samples must be sent, in appropriate packaging, with a completed request form, family origin information (page 2 of this form), and appropriate consent (completed consent form if possible), to the above address by first class post or courier.*

PATIENT DETAILS

SURNAME..... FORENAME.....

DOB..... SEX: M / F NHS No.....

Hospital No..... ETHNIC ORIGIN (ESSENTIAL).....

Patient's Postcode..... Date/Time of collection.....

GP NAME/ADDRESS:

Is this an ANTENATAL patient YES/NO Gestation.....

Reason for referral/testing.....

LABORATORY RESULTS: please fill in or attach copy of own result form

Hb g/dL	RBCx10 ¹² /L	MCV fL	MCH	Ferritin	Hb A2	Hb F	Other

ANY OTHER RELEVANT INFORMATION e.g. Family history

SAMPLE & CONSENT REQUIREMENTS

- 5-10 mL of blood (4 EDTA anti-coagulated please, must be sent in EDTA tubes), labelled with patients surname AND forename, DOB, Hospital number and the date and time of sampling
- Attach a copy of consent form signed by the patient, or sign below to confirm consent has been granted for genetic analysis. *Samples cannot be processed without appropriate consent.*

Signed Date

Return checklist:

EDTA samples ☐ Request form ☐ Family origin info ☐ Consent (completed form or sign above) ☐

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FAMILY ORIGIN INFORMATION

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SAMPLES FOR FORWARDING TO THE MANCHESTER HAEMOGLOBINOPATHY LABORATORY FOR DNA ANALYSIS

Patient 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 ☐

Copies of this form can be obtained from:

<https://mft.nhs.uk/the-trust/other-departments/laboratory-medicine/haematology/haemoglobinopathy/>