North West Genomic Laboratory Hub (Manchester)
Manchester Centre for Genomic Medicine
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Director of laboratory: Dr. E. Howard

UKAS MEDICAL 9865

NHS North West NHS Genomic Laboratory Hub

REQUEST FORM – GENETIC TESTING FOR HAEMOGLOBINOPATHIES

1. PATIENT DETAILS *(affix a printed label if available)*	**2. REFERRING CLINICIAN**
Surname:	Consultant:
Forename:	Hospital:
DoB: NHS No:	Department:
Sex: Hospital No:	Copy report to:
Address:	Telephone No:
Postcode:	Email:
Referral reason: Antenatal patient: YES/NO Please specify gestation of pregnancy:	Consent Statement. It is the referring clinician's responsibility to ensure the patient/carer knows the purpose of the test and that DNA may be stored Referring clinician Signature:

3. PATIENT'S ETHNICITY/COUNTRY OF ORIGIN:

This information is important as it informs analytical procedures, and it critical for calculating carrier risks. Please be specific.

A Mixed – please specify	D Asian – please specify	G Arabic – please specify country
B White – British or Other European	E South East Asian – please specify country	H Don't know
C Mediterranean – please specify country	F Black – please specify country	

4. SAMPLE INFORMATION:	Date Taken	High Infection Risk: (See guidance notes)	

4ml venous blood sample in an **EDTA tube.** Store sample at 4^{O}C if required. Lithium Heparin or Serum tubes are unsuitable for testing. Samples must be labelled with patient's surname and forename, DOB, hospital number, and the date and time of sampling.
See https://mft.nhs.uk/nwglh/test-information/general-requirements/

5. LABORATORY RESULTS

Please fill in below or attach copy of own result form. Red cell indices and HPLC/IEF results are required.

Hb (g/L)	RBC(x10^{12}/L)	MCV (fL)	MCH (pg)	Ferritin (µg/L)	Hb A_2 (%)	Hb F (%)	Other Hb (%)

6. RELATIVE/PARTNER OF A PATIENT WHO IS AFFECTED WITH, OR A CARRIER OF, A HAEMOGLOBINOPATHY

Providing details of the patient's relative/partner will allow us to provide a pregnancy risk specific to this couple.

Name of relative/partner:	
DoB of relative/partner:	
Status of relative/partner (affected or carrier):	

Details of the relative/partner's variant (if known):
(If the relative/partner was tested in the North West NHS Genomic Laboratory Hub, we may be able to access this information)

Sample Information:

- In accordance with the Health & Safety at Work Act and the COSHH Regulations, the laboratory must be informed of any infection risk associated with submitted samples. The sender has the responsibility for minimising the risk to laboratory staff by giving sufficient information to enable the laboratory to take appropriate safety precautions when testing a specimen. If the sample is high risk, please state the nature of the risk on the referral form.
- The sample container should be sealed in a biohazard bag in case of a leakage. To prevent contamination of referral form and paperwork this should not be sealed with the sample. All packaging should conform to UN650 standards (as applied to UN3373 – Biological Samples, Category B).

FORWARD THE COMPLETED REFERRAL FORM AND EDTA BLOOD SAMPLE TO SAMPLE RECEPTION AT THE MANCHESTER LABORATORY SITE (full address above).