North West Genomic Laboratory Hub (Manchester)
Manchester Centre for Genomic Medicine
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UKAS MEDICAL 9865

NHS North West NHS Genomic Laboratory Hub

REQUEST FORM – Prenatal Diagnosis of Haemoglobinopathies

1. MATERNAL DETAILS *(affix a printed label if available)*	**2. PATERNAL DETAILS** *(affix a printed label if available)*
Surname:	Surname:
Forename:	Forename:
DoB: NHS No:	DoB: NHS No:
Sex: Hospital No:	Sex: Hospital No:
Address:	Address:
Postcode:	Postcode:
Gestation of pregnancy: EDD: GP name and address:	**3. PARENTAL GENOTYPES / REASON FOR REFERRAL:**

4. REFERRING CLINICAN	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:
Referred by:	Hospital/Department/Address
Report to:	Email:
Telephone number:	Copy report to:

5. PATIENTS' ETHNICITIES/COUNTRY OF ORIGIN:	Maternal:	Paternal:

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 fetal sample taken and sample type:	High Infection Risk: (See guidance notes)	

Please send maternal and paternal samples for analysis prior to PND using Request Form – Genetic Testing for Haemoglobinopathies.
Sample requirements for prenatal samples are detailed at https://mft.nhs.uk/sample-types-accepted/ and https://mft.nhs.uk/nwglh/test-information/general-requirements/
Please Note: Maternal Cell Contamination (MCC) and QF-PCR (for chromosomal abnormalities, where requested) will be performed by laboratory performing testing of the prenatal (AF/CVS) samples.

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 SAMPLES TO SAMPLE RECEPTION AT THE MANCHESTER LABORATORY SITE (full address above).