NATIONAL HAEMOGLOBINOPATHY REFERENCE LABORATORY

*Director:* Dr John Old, FRCPath. Molecular Haematology

*Deputy Director:* Dr. Shirley Henderson. PhD. Level4

Sample reception: 01865 572769 Sec: 01865 572826 Fax: 01865 572775 John Radcliffe Hospital

Email: molhaem@ouh.nhs.uk. Website: [www.ouh.nhs.uk/molhaem](http://www.ouh.nhs.uk/molhaem) Oxford, OX3 9DU

# REQUEST FORM: Genotyping of haemoglobin disorders

**REFERRER DETAILS: REPORT TO BE SENT TO: INVOICE TO BE SENT TO:**

|  |  |  |
| --- | --- | --- |
|  | **Fimlab Vaasa****Laboratory/B3****Sandviksgatan 2-4****65130 VAASA****FINLAND** | **For electronic billing: 003723925196 OpenText oy****Attachments: ostolaskut@fimlab.fi****16812778****PL 940 00019 SSC****FINLAND** |

#### PATIENT DETAILS

### FORENAME:

## SURNAME:

**NHS No.**

### SEX M / F

**DOB:**

HOSPITAL No.

**Date / time of collection:**

**ETHNIC ORIGIN (ESSENTIAL) :**

**PATIENT’S POSTCODE:**

**GP NAME/ADDRESS:**

**Is this an ANTENATAL patient: YES / NO Sample type: BLOOD / DNA (**please circle) **Gestation …**……………

**Reason for referral** **/ tests requested**……………………………………………………………………………………………..

#### LABORATORY RESULTS: please fill in or attach copy of own result form, and enclose a copy of HPLC results.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Hb g/dl** | **RCC x 1012/l** | **MCV fl** | **MCH pg** | **Ferritin** | **HbA2** | **Hb F** | **Other** |
|  |  |  |  |  |  |  |  |

### ANY OTHER RELEVANT INFORMATION

#### SAMPLE REQUIREMENTS: 5ml of blood in EDTA, labelled with patient’s surname, first name, DOB, Hospital number and

####  the date and time of sampling, by first class post or courier.

* Full details are available in our “information for users” guide, available from us or from the web site: <http://www.oxfordradcliffe.nhs.uk/forpatients/departments/labs/haematology/molhaem/molhaem.aspx>
* For non English hospital referrals, please provide CHI number (HETU) and patient Health Board

**Patient Health Board:**

CHI No.

**CONSENT for STORAGE and RESEARCH: Consent has been obtained for the DNA/RNA of this sample to be stored and used in research/development projects that have been granted ethical approval (please delete as appropriate): Yes / No**

**Signed ……………………… Clinician…………………………… Date ………………………**

### FAMILY ORIGIN INFORMATION QUESTIONNAIRE

 **Patient details:**

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

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

  **Patient**

## WHITE

 English, Scottish, Welsh or Irish 🞏

 Other North European 🞏

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

## MEDITERRANEAN

 Greek or Greek Cypriot 🞏

 Turkish or Turkish Cypriot 🞏

 Italian, Maltese 🞏

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

## ASIAN

 Indian or African-Indian 🞏

 Pakistani 🞏

 Bangladeshi 🞏

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

## SOUTH EAST ASIAN

 Chinese 🞏

 Japanese 🞏

 Thai, Vietnamese or Filipino 🞏

 Malaysian or Indonesian 🞏

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

## BLACK

 African 🞏

 Caribbean 🞏

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

## ARABIC

 Arab African 🞏

 Iranian 🞏

 Iraq 🞏

 Kurdish 🞏

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

1. **DON’T KNOW** 🞏