

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

Oxford, OX3 9DU

REQUEST FORM: Genotyping of haemoglobin disorders

REFERRER DETAILS:

REPORT TO BE SENT TO:

INVOICE TO BE SENT TO:

Dr. Mikhail Fomichev
Clinical laboratory
Satakunta Hospital District
Sairaalandie 3
FIN-28500 PORI, Finland

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PATIENT DETAILS

SURNAME:		FORENAME:	
DOB:	SEX M / F	NHS No.	
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 10 ¹² /l	MCV fl	MCH pg	Ferritin	HbA ₂	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

CHI No.

Patient Health Board:

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:

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

Further information _____

Patient

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
- Iraq
- Kurdish
- Any other Arabic background _____

H. DON'T KNOW