

Completion of maternal antenatal Sickle Cell and Thalassaemia screening request card

Identification of the woman

Clear identification of the woman is required to ensure results are attributed to the correct individual.

Lead professional/ hospital

Clear details of where to send the report are required. Please state if Royal Glamorgan or Royal Gwent. RGH is not sufficient as a location.

Requester details need to be printed, if signature is required on the consent form please ensure it is legible.

FOQ

Tick this box if:

The woman and biological father of the baby are from UK or Ireland and the woman has consented to further testing if MCH<27

FOQ

Tick this box if:

- The woman's family origins or those of the biological father, no matter how many generations back, are from anywhere other than the UK or Ireland, or
- Adopted, or
- Unknown egg donor or sperm donor, or
- Family history of sickle cell or thalassaemia (where the biological father of the baby may be offered screening) or
- Has had a bone marrow transplant

FOQ

The woman and biological father of the baby, family origins must be documented by country to assess the possible significance of the findings. Do not use the term "Caucasian". If the family origins are unknown, please document "unknown".

Blood Sciences		Ysbyty Bronglais Hospital		Hywel Dda University Health Board	
Hospital number:		Sample type:		Laboratory use only:	
NHS number:		<input type="checkbox"/> Blood <input type="checkbox"/> Faeces			
Surname:		<input type="checkbox"/> Urine <input type="checkbox"/> CSF			
Forename(s):		Other:			
Date of birth:		Gender: Male / Female			
Patient address:		Clinical information:			
Private <input type="checkbox"/>	Cat 2 <input type="checkbox"/>	R&D <input type="checkbox"/>	Fasting status: FASTING / NON-FASTING		
Consultant / GP:		<input type="checkbox"/> U&E	<input type="checkbox"/> FBC	<input type="checkbox"/> Thyroid Function Test	
Send reports to (ward/surgery):		<input type="checkbox"/> LFT	<input type="checkbox"/> ESR	On T4? Yes / No	
		<input type="checkbox"/> CRP	<input type="checkbox"/> IM screen	<input type="checkbox"/> Troponin T	
		<input type="checkbox"/> Lipids	<input type="checkbox"/> INR	Hrs after event	
		Tick one request box only			Blood Gas:
		<input type="checkbox"/> FBC and further testing if (ANTHAL)	<input checked="" type="checkbox"/> FBC and sickle cell & thalassaemia screen (HBHPLC)	<input type="checkbox"/> FBC only (sickle cell & thalassaemia screen declined) (FBC)	status %
Requested by:		Signature:		Time:..... Date:.....	
Bleep / DECT No:		Woman's family origin:		Sample Date: Time:	
		Father of the baby's family origin:		Collected by:	

Family origin questionnaire (FOQ)

Only tick the correct consent box, as it is vital to determine the level of screening that is required.

Ticking the incorrect consent box may lead to a potentially at risk unborn baby not being detected.

FOQ

Tick this box if The woman declines sickle cell and thalassaemia screening. A FBC only will be performed.

Date of collection

It is essential to date the sample for the laboratory to test in a timely manner.

This is not a universal request card so request cards will differ however the sections are all pertinent.