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.

Patient ID

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

Completion of Antenatal Sickle Cell and Thalassaemia Screening Request Card

Ticking the **one** correct box: is vital to be able to determine the level of screening that is undertaken. Ticking the incorrect box may lead to a potentially at risk unborn baby not being detected.

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.

88		nglais Hospital Hywel Dda University Health Board
2221208 B	Hospital num er NHS number:	Sample type: Laboratory use only:
SCTLY? SCTLY?	Surname:	□Urine □CSF
END 5)F	Forename(s):	Other:
PAT PAT	Date of birth: Gender: Male / Female	
PATENT HAVE YOU LABELLED THE SPECIMEN CORRECTLY? PRESS FIRMLY ON EACH END TO ENSURE A LEAKPROOF SPECIMEN CARRIER COMBINED PATHOLOGY	Patient address:	Clinical information:
ON ON ATT	Private Cat 2 R&D	Fasting status: FASTING NON-FASTING
THEST LY C A L C N C V	Consultant / GP:	U&E FB9 Thyroid Function Test UFT FB9 On T4? Yes No
SPECIMEN FORM FILED THE SP FIRMLY O URE A LL VIMEN CA	Send reports to (ward/surgery):	☐ CRP ☐ Mi screen ☐ Troponin T☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
EASISCAL SPECIMEN FORM YOU LABELLED THE SPE ESS FIRMLY ON FINSURE A LE SPECIMEN CAI COMBINED PATI	ANCB	Tick one request box only
PRESS TO EN	ANTE NATAL CLINIC	FBC and sickle cell &
HAVE HAVE TO THE SERVICES AS BROOKS TO THE SERVICES AS THE SER	Requested by: Signature:	Woman's family origin:
A JOA	3 3000	Parker's family angle.

Both boxes:

- requested by and •signature
- are required to be completed.

Tick this box if:

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

Tick this box if:

- family origin of mother **or** father of the baby non-UK or Ireland, **or**
- adopted, or
- unknown-egg donor or sperm donor or
- family history of sickle cell or thalassaemia

Both mother and father of the baby ethnic origins must be documented by country to assess the possible significance of the findings. Do not use the term "Caucasian"

If the ethnic origins are unknown-please document "unknown".