Oxford Regional Genetics Laboratory
Churchill Hospital
Headington
Oxford OX3 7LE
Telephone: (01865 572769, molecularhaem.oxfordgenetics@ouh.nhs.uk)

For sending samples, see address below

Haemoglobinopathy screening queries: hbopathy.screening@ouh.nhs.uk

NHS Central & South Genomic Laboratory Hub

Oxford Genetics Laboratories

Haemoglobinopathy service general advice: SCTlab.support@ouh.nhs.uk

Oxford Genetics Laboratory Haemoglobinopathy Testing Service

Genotyping of Haemoglobin Disorders Request Form

Patient Details

NHS No:		**Sex:**	
Surname:		**Address:**	
Forename:			
Date of Birth:		**Postcode:**	
Ethnicity: (See page 2)		**Reference no:**	

Requester Details

Clinician:		**Job Title:**	
Email:		**Phone No:**	
Reporting address:		**Invoice address if different:**	

Family Details

Please provide details (name, date of birth and genotype) of any related individuals (or reproductive partners) who are known to be a carrier or are affected with a haemoglobinopathy or who have been referred for testing.

Clinical Information

Reason for referral:			
Is the patient or partner antenatal?		**Gestation**:	
Sample type*:	DNA ☐ Blood ☐	**Sample date:**	
Has this patient had:	**A blood transfusion within the past 4 months?**		☐
	A bone marrow transplant?		☐
Clinical details/other information:			

*SAMPLE REQUIREMENTS: **Preferably DNA** (ideally 50 µl and 50ng/µl, but lower quantities/concentrations may also produce successful results). Tubes should be labelled with patient's surname, first name, DOB and NHS number. **If a DNA sample is provided, the laboratory results specified below must be provided (ferritin is optional), either in the table or by attaching reports**. If these values are not available, 2ml blood in EDTA can be provided instead.

Laboratory Results – Please fill in or attach copy of own result form and enclose a copy of HPLC or CE results.

Hb g/l	RBC x 10_{12}/l	MCV fl	MCH pg	Ferritin	HbA	HbA_2	Hb F	Other peaks

In submitting this sample the clinician confirms that consent has been obtained for testing and storage. Anonymised stored samples may be used for quality control procedures including validation of new genetic tests.

Further details and additional copies of this form can be found at: https://www.ouh.nhs.uk/geneticslab

Please send samples at room temperature by post or courier to:

Oxford Regional Genetics Laboratories, Churchill Hospital, Headington, Oxford, OX3 7LE

NHS
Central & South
Genomic Laboratory Hub

Oxford Genetics Laboratories

Please tick all boxes in in ALL sections that apply to the woman and the baby's biological father.

 # = Higher risk for alpha zero thalassaemia

Ethnicity	Woman	Biological Father
A. AFRICAN OR AFRICAN CARIBBEAN (BLACK)		
Caribbean Islands	☐	☐
Africa (excluding North Africa)	☐	☐
Any other African family origins	☐	☐
B. SOUTH ASIAN (ASIAN)		
India or African-Indian	☐	☐
Pakistan, Bangladesh, Sri Lanka	☐	☐
C. SOUTH EAST ASIAN (ASIAN)		
China including Hong Kong, Taiwan	# ☐	# ☐
Singapore, Thailand, Indonesia	# ☐	# ☐
Malaysia, Vietnam, Philippines	# ☐	# ☐
Cambodia, Laos, Myanmar	# ☐	# ☐
Any other Asian family origins	# ☐	# ☐
D. OTHER NON-EUROPEAN (OTHER)		
North Africa, South America	☐	☐
Middle East, Saudi Arabia, Iran	☐	☐
Any other non-European family origins	☐	☐
E. SOUTHERN AND OTHER EUROPEAN (WHITE)		
Sardinia	# ☐	# ☐
Greece, Turkey, Cyprus	# ☐	# ☐
Italy, Portugal, Spain	☐	☐
Albania, Czech Republic	☐	☐
Poland, Romania, Russia	☐	☐
Any other Mediterranean country	☐	☐
F. *UNITED KINGDOM (WHITE)		
England, Scorland, Northern Ireland, Wales	☐	☐
G. *NORTHERN EUROPEAN (WHITE)		
Austria, Belgium, Switzerland, Scandinavia	☐	☐
Eire, France, Germany, Netherlands	☐	☐
Australia, North America, South Africa	☐	☐
Any other European family origins	☐	☐
*Hb Variant Screening Requested by (F) and/or (G)		
H. DON'T KNOW		
Adoption/unknown ancestry	☐	☐
Donor egg/sperm (if pregnancy results from donor egg, order test for mother and offer biological father test immediately)	☐	☐
Bone marrow transplant (if mother has had a bone marrow transplant, order test for mother and offer biological father test immediately)	☐	☐
I. DECLINED TO ANSWER	☐	☐

Information for Patients

Blood samples can be arranged via your GP or the phlebotomy clinic of your local hospital. This form must accompany the sample. Following receipt of the sample, laboratory staff are unable to provide information on samples and test results directly to patients or their relatives. Such enquiries should be directed to the referring clinical teams or the GP.

Email: molecularhaem.oxfordgenetics@ouh.nhs.uk
Telephone: 01865 572 769