




For queries, contact: Sheffield Diagnostic Genetics Service, Tel: 0114 271 7014, Email: sheffield.diagnosticgenetics@nhs.net

<b>1. MATERNAL DETAILS</b> <i>(affix a printed label if available)</i>				<b>2. PATERNAL DETAILS</b> <i>(affix a printed label if available)</i>			
Surname:				Surname:			
Forename:				Forename:			
DoB: dd/mm/yyyy		NHS No:		DoB: dd/mm/yyyy		NHS No:	
Sex:		Hospital No:		Sex:		Hospital No:	
Address:				Address:			
Postcode:							
Gestation of pregnancy:				<b>3. PARENTAL GENOTYPES / REASON FOR REFERRAL:</b>			
EDD:							

<b>4. REFERRING CLINICIAN</b>	By requesting this test you are confirming that this patient meets the eligibility criteria as defined by the: <a href="#">National Genomic Test Directory</a> <b>R93(R240)</b> – Thalassaemias; <b>R94(R240)</b> – Sickle Cell Disease
Referred by:	Hospital/Department/Address
Report to:	Email:
Telephone number:	Copy report to:
<b>Email for report:</b>	

<b>5. PATIENTS' ETHNICITIES/COUNTRY OF ORIGIN:</b>	Maternal:	Paternal:
This information is important as it informs analytical procedures, and it critical for calculating carrier risks. Please be specific.		
A Mixed – please specify countries	D Asian – please specify country	G Arabic – please specify country
B White – British or Other European	E South East Asian – please specify country	H Don't know
C Mediterranean – please specify country	F Black – please specify country	

<b>6. SAMPLE INFORMATION:</b>	Date fetal sample taken:	High Risk of Infection <input type="checkbox"/> (See guidance notes) If yes please affix label to samples and form and specify.
	Sample type:	
Please send maternal and paternal samples for analysis prior to PND using Request Form – Genetic Testing Request Form Haemoglobinopathies (400.012). Forward the completed referral form and prenatal sample to your local Genetics Laboratory (see page 2). Please Note: Maternal Cell Contamination (MCC) will be performed by laboratory performing testing of the prenatal (AF/ CVS) samples.		

 <b>North East and Yorkshire</b> Genomic Laboratory Hub <a href="https://ney-genomics.org.uk/">https://ney-genomics.org.uk/</a>	<b>Once taken, samples should be sent to your local Genetics Laboratory</b> Please ensure a minimum of 3 matching identifiers on tubes and form.	
<b>Newcastle Genetics Laboratory</b>	Newcastle Genetics Laboratory Central Parkway Newcastle upon Tyne Tyne and Wear NE1 3BZ	<a href="mailto:NUTH.DNA@nhs.net">NUTH.DNA@nhs.net</a>
		<b>0191 241 8787/8775/8754</b>
		<a href="http://www.newcastlelaboratories.com/lab_service/laboratory-rare-diseases-services/">www.newcastlelaboratories.com/lab_service/laboratory-rare-diseases-services/</a>
<b>Sheffield Genetics Laboratory</b>	Sheffield Diagnostic Genetics Service Sheffield Children's NHS Foundation Trust Western Bank Sheffield S10 2TH	<a href="mailto:sheffield.diagnosticgenetics@nhs.net">sheffield.diagnosticgenetics@nhs.net</a>
		<b>0114 271 7014</b>
		<a href="http://www.sheffieldchildrens.nhs.uk/SDGS.htm">www.sheffieldchildrens.nhs.uk/SDGS.htm</a>
<b>Leeds Genetics Laboratory</b>	Leeds Genetics Laboratory Genomic Specimen Reception Bexley Wing (Level 5) St James's University Hospital Beckett Street Leeds, LS9 7TF	<a href="mailto:leedsth-tr.DNA@nhs.net">leedsth-tr.DNA@nhs.net</a>
		<b>0113 206 5419/5205</b>
		<a href="http://www.leedsth.nhs.uk/a-z-of-services/the-leeds-genetics-laboratory/">www.leedsth.nhs.uk/a-z-of-services/the-leeds-genetics-laboratory/</a>