

NORTH BRISTOL NHS TRUST DEPARTMENT OF HAEMATOLOGY (ANTENATAL)

HAEMATOLOGY REQUESTS

Ref:106775-RVJ/HAN

139.70 mm

NHS No. / Hospital No. including Hospital prefix

[Grid of boxes for NHS/Hospital No.]

Surname

[Grid of boxes for Surname]

Forename

[Grid of boxes for Forename]

D.O.B.

[Grid of boxes for D.O.B.]

Patient Type

NHS PP Cat II

Patients Address inc. Post Code

[Grid of boxes for Address]

Midwife

[Grid of boxes for Midwife]

Ante-Natal Clinic

[Grid of boxes for Ante-Natal Clinic]

GP

[Grid of boxes for GP]

GP Practice

[Grid of boxes for GP Practice]

Obstetrician

[Grid of boxes for Obstetrician]

Booking Hospital

SMH StMich Other

Inoculation Risk? YES NO

FBC.....

Haemoglobinopathy Screen.....

(Family Origin Questionnaire **MUST** be completed overleaf.
Results cannot be issued without valid FOQ)

Any previous Haemoglobinopathy reported?

Other Requests.....

EDD / week gestation.....

Any Previous Pregnancies Y / N Date.....

Requester Contact No

Signature..... Date & Time

Haematology, Southmead Hospital, Telephone 0117 414 8351/ 0117 414 8344



Laboratory Use only:

Please complete this form with regard to family origin. The information is required for the interpretation of the Haemoglobinopathy Screening Data and subsequent advice in managing the pregnancy. Please tick all relevant boxes to indicate the /family origins of woman and baby's father.

| | | |
|---|---|---|
| <p>A. AFRICAN OR AFRICAN-CARIBBEAN (BLACK)</p> <p>Caribbean Islands</p> <p>African (Excluding North Africa)</p> <p>Any other African or African Caribbean family origins <i>(Please write in)</i></p> | <p>Woman</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> | <p>Baby's father</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> |
| <p>B. SOUTH ASIAN (ASIAN)</p> <p>Indian or African-Indian</p> <p>Pakistani, Bangladesh</p> <p>Sri Lanka</p> <p>SOUTH EAST ASIAN (ASIAN)</p> <p>China inc. Hong Kong, Taiwan, Singapore</p> <p>Thailand, Indonesia, Burma</p> <p>Malaysia, Vietnam, Philippines, Cambodia, Laos</p> <p>Any other Asian family origin <i>(Please write in) (e.g. Caribbean Asian)</i></p> | <p>Woman</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p>Woman</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> | <p>Baby's father</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p>Baby's father</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> |
| <p>D. OTHER NON EUROPEAN (OTHER)</p> <p>North Africa, South America etc</p> <p>Middle East (Saudi Arabia, Iran etc)</p> <p>Any other Non European family origins <i>(Please write in)</i></p> | <p>Woman</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> | <p>Baby's father</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> |
| <p>E. SOUTHERN & OTHER EUROPE (WHITE)</p> <p>Sardinia</p> <p>Greece, Turkey, Cyprus</p> <p>Italy, Portugal, Spain</p> <p>Any other Mediterranean country</p> <p>Albania, Czech Republic, Poland, Romania, Russia etc.</p> | <p>Woman</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> | <p>Baby's father</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> |
| <p>F. UNITED KINGDOM (WHITE)</p> <p>England, Scotland, N Ireland, Wales.</p> <p>NORTHERN EUROPE (WHITE)</p> <p>Austria, Belgium, Ireland, France, Germany, Netherlands</p> <p>Scandinavia, Switzerland etc</p> <p>Any other European family origins <i>(Please write in) (e.g. Australia, N America, S Africa)</i></p> | <p>Woman</p> <p><input type="checkbox"/></p> <p>Woman</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> | <p>Baby's father</p> <p><input type="checkbox"/></p> <p>Baby's father</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> |
| <p>H. DON'T KNOW</p> <p>adoption/unknown ancestry</p> <p>with donor egg/sperm)</p> <p>bone marrow transplant</p> | <p>Woman</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> | <p>Baby's father</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> |
| <p>I. DECLINED</p> | <p><input type="checkbox"/></p> | <p><input type="checkbox"/></p> |