254.00 mm

139.70 mm

PATENT NO. 2221208 B

A JB EASISEAL SPECIMEN FORM.

HAVE YOU LABELLED THE SPECIMEN CORRECTLY?

PRESS FIRMLY ON EACH END TO ENSURE A LEAKPROOF SPECIMEN CARRIER

HAEMATOLOGY ANTE NATAL

JB: 106775

NORTH BRISTOL NHS TRUST
DEPARTMENT OF HAEMATOLOGY (ANTENATAL)

NHS No. / Hospital No. including Hospital prefix

Surname

Forename

D.O.B. D D M M Y Y Y Y

Sex (M/F)

Patient Type NHS PP Cat II

Patients Address inc. Post Code

Midwife

Antenatal Clinic

GP

GP Practice

Obstetrician

Booking Trust

NBT UHBW RUH

Other .....

Haematology, Southmead Hospital, Telephone 0117 414 8351

Laboratory Use Only:

HAEMATOLOGY REQUESTS

FBC .....

Haemoglobinopathy Screen .....

Haemoglobinopathy Screen Declined .....

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

Any previous haemoglobinopathy reported?

Is this pregnancy the result of IVF treatment?

Provide maternal details if this is a linked sample (such as biological father, egg donor etc)

Other Requests .....

EDD / week gestation .....

Any previous pregnancies Y / N Date .....

Any previous blood transfusion Y / N Date .....

Requester ..... Contact No .....

Signature ..... Date & Time .....

Ref:106775 - RVJHAN Version 3 January 2025

PLACE SPECIMEN IN BAG

REMOVE COVERING STRIP *FOLD TOP OVER TO SEAL*

HAEMATOLOGY ANTE NATAL

Fold

Please complete this form with family origin going back at least two generations. The information is required for interpretation of the Haemoglobinopathy Screen and subsequent advice in managing the pregnancy. Please tick all relevant boxes for the woman and baby's father.

		Woman	Biological Father
A.	**AFRICAN OR AFRICAN-CARIBBEAN (BLACK)**		
	Caribbean Islands	☐	☐
	Africa (Excluding North Africa)	☐	☐
	Any other African family origins (Please write in)		
B.	**SOUTHASIAN (ASIAN)**		
	Indian or African-Indian	☐	☐
	Pakistani, Bangladesh, Sri Lanka	☐	☐
C.	**SOUTH EAST ASIAN (ASIAN)**		
	China inc. Hong Kong, Taiwan, Singapore	☐	☐
	Thailand, Indonesia, Myanmar, Laos	☐	☐
	Malaysia. Vietnam, Philippines, Cambodia	☐	☐
	Any other Asian family origin (Please write in)		
D.	**OTHER NON EUROPEAN (OTHER)**		
	North Africa, South America	☐	☐
	Middle East, Saudi Arabia, Iran	☐	☐
	Any other non-European family origins (Please write in)		
E.	**SOUTHERN & OTHER EUROPE (WHITE)**		
	Sardinia	☐	☐
	Greece, Turkey, Cyprus	☐	☐
	Italy, Portugal, Spain	☐	☐
	Any other Mediterranean country	☐	☐
	Albania, Czechia, Poland, Romania, Russia	☐	☐
F.	**UNITED KINGDOM (WHITE**		
	England, Scotland, N Ireland, Wales.	☐	☐
G.	**NORTHERN EUROPE (WHITE)**		
	Austria, Belgium, Eire, France, Germany, Netherlands	☐	☐
	Scandinavia, Switzerland	☐	☐
	Any other European family origins (Please write in) (e.g Australia, N America, S Africa)		
H.	**DON'T KNOW**		
	adoption/unknown ancestry	☐	☐
	bone marrow transplant	☐	☐
	with donor egg/sperm	☐	☐
Details			
I.	**DECLINED TO ANSWER**	☐	☐