

Completion of antenatal Sickle Cell and Thalassaemia screening Request card for baby's biological father testing

Identification of the biological father

All information of the biological father will need to be hand written: name, address, date of birth, hospital number or NHS number if known

Please print requesters name clearly
(some request cards will require a signature also, again please ensure it is legible)

Lead professional/ hospital

Clear details of where to send the report is required. Please state if Royal Glamorgan or Royal Gwent. RGH is not sufficient as a location.

Clinical Details

Please **handwrite**:

Woman's name, hospital number and date of birth.

Biological father's details can be linked with woman's details. Please **do not** add the woman's addressograph the partner request form.

Date of collection

It is essential to date the sample for the laboratory to test in a timely manner.

Test request

Haemoglobinopathy screen

A JONES & BROOKS EASISEAL SPECIMEN FORM PATENT NO. 2221208 B

HAVE YOU LABELLED THE SPECIMEN CORRECTLY?

PRESS FIRMLY ON EACH END TO ENSURE A LEAKPROOF SPECIMEN CARRIER

BIOCHEMISTRY and HAEMATOLOGY

JB:19448

HYWEL DDA LOCAL HEALTH BOARD		BIOCHEMISTRY and HAEMATOLOGY		PLEASE USE BALL POINT PEN
Case No.	Requested by:-	Lab. No.		
GP Ref. No	Bleep No:-	Ward / GP Practice		
Surname (Capitals)	Report to:-	Consultant / GP		
Forename	Copy to:			
Address	Clinical Details			
Date of birth	M / F	NHS No.		
NHS <input type="checkbox"/>	Cat II <input type="checkbox"/>	Private <input type="checkbox"/>		
Specimen Taken at:-		Date: / /	Time (24 hr clock) :	Sample Taken By:-
HAEMATOLOGY / BIOCHEMISTRY INVESTIGATIONS REQUIRED				
<div style="display: flex; justify-content: space-between;"> <div> <p><u>THYROID FUNCTION TESTS</u></p> <p>Tick ALL relevant boxes</p> <p><input type="checkbox"/> Hypothyroid?</p> <p><input type="checkbox"/> Hyperthyroid?</p> <p><input type="checkbox"/> On Amiodarone</p> <p><input type="checkbox"/> On Thyroxine. Dose</p> <p><input type="checkbox"/> On Neo-Mercazole</p> <p><input type="checkbox"/> Post Radio Iodine</p> </div> <div> <p><u>Specimen:</u></p> <p><u>DRUG ASSAYS</u></p> <p>Time (24hr) Date</p> <p>Last Dose taken at</p> <p>Specimen taken at</p> <p>Dose</p> </div> </div>				
Specimen: VB / OTHER - Please Specify				

This is not a universal request card so request cards will differ however the sections are all pertinent.