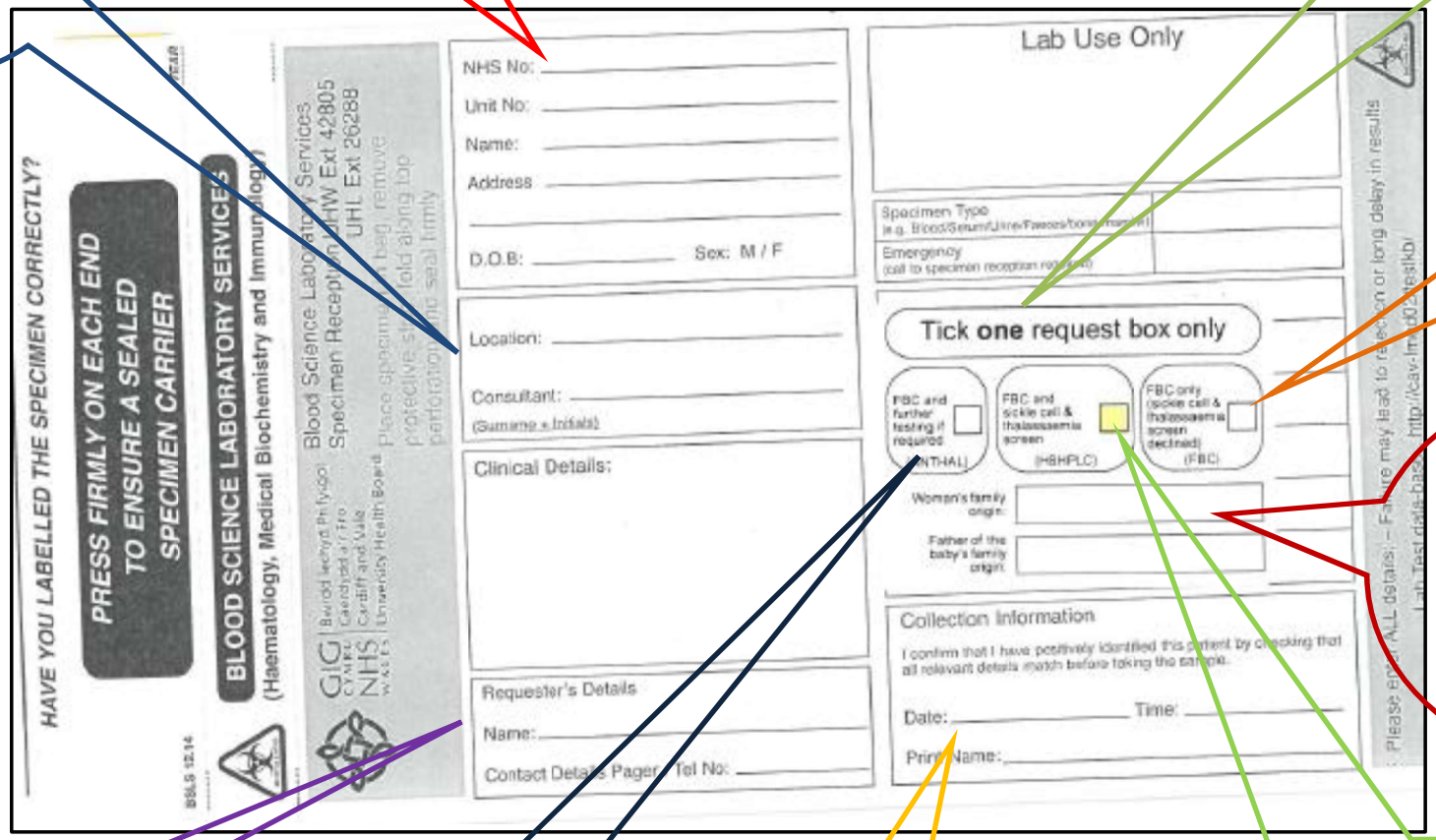
Completion of Antenatal Sickle Cell and Thalassaemia Screening Request Card

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

Patient ID
Clear identification of the patient is required to ensure results are attributed to the correct individual

Ticking the **one** correct box: is vital to be able to determine the level of screening that is undertaken. Ticking the incorrect box may lead to a potentially at risk unborn baby not being detected.



Tick this box if :
the woman declines sickle cell and thalassaemia screening. A FBC only will be performed.

Both mother and father of the baby ethnic origins must be documented by **country** to assess the possible significance of the findings. Do not use the term "Caucasian"
If the ethnic origins are unknown-please document "unknown".

Requesting practitioner and contact number are required to be completed

Tick this box if:
the woman and father of the baby are from UK or Ireland and the woman has consented to further testing if MCH<27

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

Tick this box if:
- family origin of mother **or** father of the baby non-UK or Ireland, **or**
- adopted, **or**
- unknown-egg donor **or** sperm donor **or**
- family history of sickle cell or thalassaemia