

Completion of Antenatal Sickle Cell and Thalasassaemia Screening Request Card

Patient ID

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

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.

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".

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

Date of collection

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

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

Requesting practitioner and contact number

are required to be completed

HAVE YOU LABELLED THE SPECIMEN CORRECTLY?
PRESS FIRMLY ON EACH END TO ENSURE A SEALED SPECIMEN CARRIER
BLOOD SCIENCE LABORATORY SERVICES (Haematology, Medical Biochemistry and Immunology)
Bristol Levee Bldg 100, GIC, Cardiff CF10 1AT, Wales
Specimen Reception: UHL Ext 42805
NHS Cardiff and Vale University Health Board

Lab Use Only

Specimen Type: ☐ FBC only (sickle cell & thalassaemia screen declined) (FBC)
☒ FBC and sickle cell & thalassaemia screen (FBC+HPLC)
☐ FBC and sickle cell & thalassaemia screen required (FBC+HPLC+THAL)

Emergency: ☐ (call to specimen reception required)
i.e. BloodStem/June/Faces/Too young for test

Tick one request box only

Non-parental origin: ☐ (Mother's family origin)
Father of the baby's family origin: ☐

Collection Information
I confirm that I have positively identified this patient by checking that all relevant details match before taking the sample.

Date: _____ Time: _____
Practitioner Name: _____

Requester's Details
Name: _____
Contact Details: Pager: _____ Tel No: _____

NHS No: _____
Unit No: _____
Name: _____
Address: _____
D.O.B: _____ Sex: M / F
Localities: _____
Consultant: _____ (Surname & Initials)
Clinical Details: _____