




For queries, contact: Sheffield Diagnostic Genetics Service, Tel: 0114 271 7014, Email: sheffield.diagnosticgenetics@nhs.net

1. MATERNAL DETAILS (affix a printed label if available)				2. PATERNAL DETAILS (affix a printed label if available)			
Surname:				Surname:			
Forename:				Forename:			
DoB: dd/mm/yyyy		NHS No:		DoB: dd/mm/yyyy		NHS No:	
Sex:		Hospital No:		Sex:		Hospital No:	
Address:				Address:			
Postcode:							
Gestation of pregnancy:				3. PARENTAL GENOTYPES / REASON FOR REFERRAL:			
EDD:							

4. REFERRING CLINICIAN	By requesting this test you are confirming that this patient meets the eligibility criteria as defined by the: National Genomic Test Directory R93(R240) – Thalassaemias; R94(R240) – Sickle Cell Disease
Referred by:	Hospital/Department/Address
Report to:	Email:
Telephone number:	Copy report to:
Email for report:	

5. PATIENTS' ETHNICITIES/COUNTRY OF ORIGIN:	Maternal:	Paternal:
This information is important as it informs analytical procedures, and it critical for calculating carrier risks. Please be specific.		
A Mixed – please specify countries	D Asian – please specify country	G Arabic – please specify country
B White – British or Other European	E South East Asian – please specify country	H Don't know
C Mediterranean – please specify country	F Black – please specify country	

6. SAMPLE INFORMATION:	Date fetal sample taken:	High Risk of Infection <input type="checkbox"/> (See guidance notes) If yes please affix label to samples and form and specify.
	Sample type:	
Please send maternal and paternal samples for analysis prior to PND using Request Form – Genetic Testing Request Form Haemoglobinopathies (400.012). Forward the completed referral form and prenatal sample to your local Genetics Laboratory (see page 2). Please Note: Maternal Cell Contamination (MCC) will be performed by laboratory performing testing of the prenatal (AF/ CVS) samples.		

 North East and Yorkshire Genomic Laboratory Hub https://ney-genomics.org.uk/	Once taken, samples should be sent to your local Genetics Laboratory Please ensure a minimum of 3 matching identifiers on tubes and form.	
Newcastle Genetics Laboratory	Newcastle Genetics Laboratory Central Parkway Newcastle upon Tyne Tyne and Wear NE1 3BZ	NUTH.DNA@nhs.net
		0191 241 8787/8775/8754
		www.newcastlelaboratories.com/lab_service/laboratory-rare-diseases-services/
Sheffield Genetics Laboratory	Sheffield Diagnostic Genetics Service Sheffield Children's NHS Foundation Trust Western Bank Sheffield S10 2TH	sheffield.diagnosticgenetics@nhs.net
		0114 271 7014
		www.sheffieldchildrens.nhs.uk/SDGS.htm
Leeds Genetics Laboratory	Leeds Genetics Laboratory Genomic Specimen Reception Bexley Wing (Level 5) St James's University Hospital Beckett Street Leeds, LS9 7TF	leedsth-tr.DNA@nhs.net
		0113 206 5419/5205
		www.leedsth.nhs.uk/a-z-of-services/the-leeds-genetics-laboratory/