

SPECIMEN CORRECTLY?

HAVE YOU LABELLED THE

**PRESS FIRMLY ON EACH END  
TO ENSURE A LEAKPROOF  
SPECIMEN CARRIER**

JB: 106775



**HAEMATOTOLOGY ANTE NATAL**



### NORTH BRISTOL NHS TRUST DEPARTMENT OF HAEMATOTOLOGY (ANTENATAL)

NHS No. / Hospital No. including Hospital prefix

[Grid for NHS/Hospital No.]

Surname

[Grid for Surname]

Forename

[Grid for Forename]

D.O.B.

[Grid for D.O.B.]

Sex (M/F)

[Grid for Sex]

Patient Type

[Grid for Patient Type]

Patients Address inc. Post Code

[Grid for Address]

Midwife

[Grid for Midwife]

Antenatal Clinic

[Grid for Antenatal Clinic]

GP

[Grid for GP]

GP Practice

[Grid for GP Practice]

Obstetrician

[Grid for Obstetrician]

Booking Trust

[Grid for Booking Trust]

NBT

UHBW

RUH

Other .....

**Haematology, Southmead Hospital, Telephone 0117 414 8351**

Laboratory Use Only:

## HAEMATOTOLOGY 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 .....

**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.

**A. AFRICAN OR AFRICAN-CARIBBEAN (BLACK)**      **Woman**      **Biological Father**

Caribbean Islands           

Africa (Excluding North Africa)           

Any other African family origins (Please write in)           

**B. SOUTHASIAN (ASIAN)**      **Woman**      **Biological Father**

Indian or African-Indian           

Pakistani, Bangladesh, Sri Lanka           

**C. SOUTH EAST ASIAN (ASIAN)**      **Woman**      **Biological Father**

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)**      **Woman**      **Biological Father**

North Africa, South America           

Middle East, Saudi Arabia, Iran           

Any other non-European family origins (Please write in)           

**E. SOUTHERN & OTHER EUROPE (WHITE)**      **Woman**      **Biological Father**

Sardinia           

Greece, Turkey, Cyprus           

Italy, Portugal, Spain           

Any other Mediterranean country           

Albania, Czechia, Poland, Romania, Russia           

**F. UNITED KINGDOM (WHITE)**      **Woman**      **Biological Father**

England, Scotland, N Ireland, Wales           

**G. NORTHERN EUROPE (WHITE)**      **Woman**      **Biological Father**

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**      **Woman**      **Biological Father**

**adoption/unknown ancestry**           

bone marrow transplant           

with donor egg/sperm           

**I. Details** ..... **DECLINED TO ANSWER**