

Hospital No.:
Patient Name:
Gender: M / F
D.O.B.:
NHS No.:
(Use label if available)

Referring Consultant:
Referring Hospital:
Address For Report:

Contact Details:
 NHS Research Private

Clinical Details / Suspected Diagnosis:
(If diagnosis known, please specify)

Ethnicity:

Family History:

Blood Count:
(Please include a copy of your results if available)

WBC:
 Hb:
 RBC:
 MCV:
 MCH:
 RDW:
 Hb A2:
 Hb F:
 Ferritin:
 Reticulocyte:
 Other:

Infection Risk? Yes / No
 If Yes, please specify:

Sample Collected:

Date:/...../.....
 Time:

Specimen Type Referred:

Peripheral Blood
 DNA
 Blood Spot
 Other
 Specify:.....

Please send all samples to:
 Special Haematology
 c/o Central Specimen Reception
 Blood Sciences Laboratory,
 4th Floor, Southwark Wing,
 Guys' Hospital,
 Great Maze Pond,
 London SE1 9RT

Name: Signature: Tel/ Bleep:

Received Guys': Date:/...../.....
 Time:

Indicate Required Tests:

1. Haemoglobinopathy Screen (Minimum 1ml EDTA required)	<input type="checkbox"/>
2. Alpha Thalassaemia Investigations <i>(identification of the seven common deletions)</i> (Minimum 1ml EDTA required)	<input type="checkbox"/>
3. Mass Spectrometry Confirmation of Haemoglobins <i>(S/ C/ E/ OArab/ DPunjab/ Lepore/ GPhiladelphia/ Stanleyville II)</i> (Minimum 1ml EDTA required)	<input type="checkbox"/>
4. Beta Gene Sequencing (Minimum 1ml EDTA required)	<input type="checkbox"/>
5. Alpha Gene Sequencing (Minimum 1ml EDTA required)	<input type="checkbox"/>
6. Large Beta Gene Deletion Investigations (Minimum 1ml EDTA required)	<input type="checkbox"/>
7. XMN1 (Minimum 1ml EDTA required)	<input type="checkbox"/>
8. G6PD (Quantitative Assay) (Minimum 1ml EDTA required)	<input type="checkbox"/>
9. P50 (High Affinity Haemoglobin) [Contact Laboratory Prior to Bleeding Patient] (Minimum 1ml EDTA) <i>(Samples must be transported with a cool pack and travel control)</i>	<input type="checkbox"/>
10. Other (Please Specify).....	<input type="checkbox"/>