





Molecular Pathology | King's College Hospital | kch-tr.PND@nhs.net | 020 3299 2265

All fetal and parental blood samples should be sent directly to your local regional genomics laboratory hub*. From there the sample will be forwarded to Molecular Pathology for haemoglobinopathy genetic testing.

* See reverse for sample delivery addresses, if the fetal sample is taken at the Harris Birthright Centre, please telephone the laboratory when the sample is available and the sample will be collected.

Prenatal Diagnosis Request Form

		Mother's details		Father's details		
Surname						
Forename						
DOB						
NHS Number						
Family Origin	1					
	(For a	alpha or beta thala	Parental results assaemia cases define mutation or state unknown)			
		ternal screening				
HbAS			,,			
HbAC						
HbSC						
HbSS						
Beta thalassa	aemia					
Alpha thalass	saemia					
Other (please	e define)					
	-	moglobinopathy	screening res	sults to the	laboratory	:
kch-tr.PND@n			_			
Date of referral:			Date of fetal sampling:			
Gestation at referral:			FMU for fetal sampling:			
Estimated de appropriate)	livery date (fill o	ut below as	Fetal Sampl	e type:	cvs	AMNIO
appropriate)	•	Or LMP date:	Maternal blo (4 ml EDTA b Essential for new sample f	ood taken blood): diagnosis,	CVS Yes	AMNIO No
appropriate)	EDD by USS:		Maternal blo (4 ml EDTA b Essential for	ood taken blood): diagnosis, for each		
appropriate) EDD by date: Expected ma	EDD by USS:		Maternal blo (4 ml EDTA b Essential for new sample f pregnancy Paternal blo (4 ml EDTA b	ood taken blood): diagnosis, for each ood taken blood):	Yes Yes	No
appropriate) EDD by date: Expected ma	EDD by USS:	Or LMP date:	Maternal blo (4 ml EDTA b Essential for new sample f pregnancy Paternal blo (4 ml EDTA b	ood taken blood): diagnosis, for each ood taken blood):	Yes Yes nail	No
appropriate) EDD by date: Expected ma	EDD by USS: ternity unit: tails: All prenata	Or LMP date:	Maternal blo (4 ml EDTA b Essential for new sample f pregnancy Paternal blo (4 ml EDTA b	bood taken blood): diagnosis, for each bood taken blood): urned by en	Yes Yes nail	No
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appropriate) EDD by date: Expected ma Clinician de	EDD by USS: ternity unit: tails: All prenata	Or LMP date:	Maternal blo (4 ml EDTA b Essential for new sample f pregnancy Paternal blo (4 ml EDTA b ts will be reto	bood taken blood): diagnosis, for each bood taken blood): urned by en	Yes Yes nail	No

For UK referrals only:

Mother's Address:	GP Address:	
Post code:	Post code:	
Telephone:	Telephone:	

Regional Genomics Laboratory Hub contact details:					
Samples from North Thames region:	Samples from the South East region:				
Rare & Inherited Disease Laboratory Specimen	Genetics centre				
Reception Level 5,	5th floor, Tower Wing				
Barclay House Great Ormond Street Hospital,	Guy's Hospital				
37 Queen Square,	Great Maze Pond				
London. WC1N 3BH	London SE1 9RT				
Tel: 020 7829 8870	Tel: 02071881696				
Email: genetics.labs@gosh.nhs.uk or	Email: cytodutyscientist@viapath.co.uk				
gosh.geneticslab@nhs.net	or dnadutyscientist@viapath.co.uk				
Samples to be forwarded from the GLH to:	Molecular Pathology,				
	c/o Central specimen reception,				
	Blood Sciences Laboratories, Ground floor,				
	Bessemer wing,				
	King's College Hospital,				
	London, SE5 9RS				

Checklist for all referrers

Pre-sampling:

 Notify the laboratory and email a copy of the completed prenatal diagnosis request form including any available haemoglobinopathy screening results and genetic reports to the laboratory: kch-tr.pnd@nhs.net

At sampling:

- Ensure maternal (essential) and paternal EDTA blood samples are taken, labelled correctly and match with the details on the referral form
- Fetal sample should be labelled with mother's demographics

Package contents should include:

- Parental blood samples
- Fetal sample
- Prenatal diagnosis request form and other relevant paperwork

If fetal sampling is to take place at Kings College Hospital Harris Birthright Centre, please also provide the following:

- Hepatitis B screening result
- Syphilis screening result
- HIV screening result
- Rhesus status
- A copy of this completed referral form

Email to: kch-tr.hbureferrals1@nhs.net

Harris Birthright telephone: 020 3299 3246 (option 3)

CONSENT STATEMENT: It is the referring clinician's responsibility to ensure that the patient/carer knows the purpose of the test and that the sample may be stored for future diagnostic testing. In submitting this form the clinician is asserting that they have obtained consent for testing and storage of the sample and associated data. The patient should be advised that the sample may be used anonymously for quality assurance and training purposes.