

Viapath Analytics Red Cell Laboratory contact details

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Red Cell Protein Referral Form

Patient details		Referrer details	
Surname		Surname	
First name		First name	
Date of Birth		Hospital	
Sex		Department	
Ethnicity		Address line 1	
NHS number		Address line 2	
Your ref. no:		Postcode	
Antenatal (<i>ANT</i>)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Telephone	
Partner (<i>if ANT</i>)		Email	

Pathology Results:

Haemoglobinopathy investigation: Please include a copy of your chromatogram and FBC
 Enzymopathy investigation: Please include a copy of your FBC and reticulocyte count or fill in the boxes below.

Haematology indices

	Date of sample collection		
WBC		MCH	
RBC		Absolute Reticulocyte	
Hb		Reticulocyte percentage	
Hct		Ferritin	
MCV		Serum Iron	
Reason for referral/family details			

Sample requirements: Adults: 4 ml EDTA blood
 Infants: 1 ml EDTA blood

All blood samples must be labelled with Forename, Surname, DOB and date of collection.

Tests Required (please tick all that apply)

TEST	USED FOR	TICK
Haemoglobin variant identification	Identification of the common haemoglobin variants.	
Haemoglobin variant identification with molecular analysis (if required)	Identification of haemoglobin variants and molecular analysis for confirmation.	
EMA dye binding	Screening test for hereditary spherocytosis. Please contact laboratory on 0203 299 2455 BEFORE taking/sending sample.	
G6PD screen	Screening test for G6PD deficiency.	
G6PD assay	Quantitative test for G6PD levels.	
Pyruvate Kinase assay	Quantitative test for Pyruvate kinase levels.	
Other (please specify)		

Patient consent

For all samples sent please ensure that the patient has given appropriate consent for:

1. Analysis of DNA for diagnostic purposes.
2. Indefinite storage of DNA.
3. Use of anonymous DNA as control samples.

A copy of our consent form is available upon request.