Laboratory Contact details
Telephone: 020 3299 9000 Ext 2265 (lab)
Telephone: 020 3299 4337 (Office)
Fax: 020 3299 1035
Section Email kch-tr.PND@nhs.net

Harris Birthright Contact details
Tel : 020 3299 3246 (option 3)
Email : kch-tr.HBUreferrals1@nhs.net
Fax : 020 3299 3898

Request for Prenatal Diagnosis

	Mother's details	Partner's details
Surname		
Forename		
DOB		
NHS Number		
Ethnic Origin		
Genotype	For thal cases define mutation or state unknown.	Mutation (please tick one)
HbAS	(tick)	(tick)
HbAC	(tick)	(tick)
Beta thalassaemia		
Alpha thalassaemia		
Other		

Please Email copies of all Haemoglobinopathy Screening Results to the laboratory: kch-tr.PND@nhs.net or Fax : 020 3299 1035

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

Information in the table above is for UK referrals only.

Fetal Sample type: CVS / AMNIO (please circle)

Maternal blood taken: Y / N
(Essential for diagnosis; New sample each pregnancy)

Date of referral:…… ….

Paternal blood taken: Y / N

Gestation at referral: ……

Blood samples arriving with fetal sample Y/ N

Date of sampling : ……

Sampled at: HBR ☐ **GSTH** ☐ **Other** ……

Fever within last 24 hours: Mother Y / N Father Y / N

Expected maternity unit: ……

Prenatal Diagnosis Report to be sent to:

PRIMARY REFERRER		COPY OF REPORT TO	
Name:		Name:	
Address:		Address:	
Tel:		Tel:	
Fax:		Fax:	

PLEASE NOTE FETAL SAMPLING WILL NOT TAKE PLACE AT THE HARRIS BIRTHRIGHT UNIT WITHOUT THE FOLLOWING:
Hepatitis B / HIV / Rhesus status. Results to be emailed to: HBR Unit: kch-tr.HBUreferrals1@nhs.net