NHS South East Genomic Laboratory Hub

synnovis A SYNLAB pathology partnership

KingsRCC The Red Cell Centre

Molecular Pathology | King's College Hospital | synnovis.molpathadmin@synnovis.co.uk | 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		
	Parental results (For alpha or beta thalassaemia cases define mutation or state unknown)	
	Maternal screening genotype	**Paternal screening genotype**
HbAS	☐	☐
HbAC	☐	☐
HbSC	☐	☐
HbSS	☐	☐
Beta thalassaemia		
Alpha thalassaemia		
Other (please define)		

Please email copies of all haemoglobinopathy screening results to the laboratory: synnovis.molpathadmin@synnovis.co.uk

Date of referral:			**Date of fetal sampling:**		
Gestation at referral:			**FMU for fetal sampling:**		
Estimated delivery date (fill out below as appropriate):			**Fetal Sample type:**	**CVS** ☐	**AMNIO** ☐
EDD by date:	**EDD by USS:**	**Or LMP date:**	**Maternal blood taken** (4 ml EDTA blood): Essential for diagnosis, new sample for each pregnancy	**Yes** ☐	**No** ☐
Expected maternity unit:			**Paternal blood taken** (4 ml EDTA blood):	**Yes** ☐	**No** ☐

Clinician details: All prenatal diagnosis reports will be returned by email

Primary referrer:		**Copy of report to:**	
Name:		**Name:**	
Address:		**Address:**	
Telephone:		**Telephone:**	
Email:		**Email:**	

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 Reception Level 5, Barclay House Great Ormond Street Hospital, 37 Queen Square, London. WC1N 3BH Tel: 020 7829 8870 Email: genetics.labs@gosh.nhs.uk or gosh.geneticslab@nhs.net	Genetics centre 5th floor, Tower Wing Guy's Hospital Great Maze Pond London SE1 9RT Tel: 02071881696 Email: cytodutyscientist@synnovis.co.uk or dnadutyscientist@synnovis.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: synnovis.molpathadmin@synnovis.co.uk

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
- Fetal scanning report 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.