Haemophilia and Thrombosis Request for Genetic Status

HEALTH SERVICES LABORATORIES

Haemophilia and Thrombosis Laboratory, Health Services Laboratories
The Halo Building, 1 Mabledon Place, London, WC1H 9AX
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Patient information

Name:		Family no.:	Lab no.:
Hospital no.:	Gender:	Family name (surname of first family member diagnosed)	
DOB:	Ethnic origin:		
Sample taken (date and time):		Sample type:	
Requested by:		Email (nhs.net address preferred):	
Consultant:	Hospital/Clinic:	Contact no.:	

Please sign this box to confirm documentation of consent: Signature: _____	**SAMPLES WILL NOT BE PROCESSED IF THIS IS LEFT BLANK**

Factor levels and clinical synopsis

Family tree (Please refer to the symbols overleaf and try to include 3 generations)

If these results are required urgently please discuss with the laboratory on the number above.
Samples from family members may be sent together but details must be recorded overleaf.

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If samples on other family members are included please record their details here

Name:		Relationship to Proband / Pedigree Position:
Hospital No.:		Factor Levels and Clinical Synopsis:
DOB:	Gender:	

Name:		Relationship to Proband / Pedigree Position:
Hospital No.:		Factor Levels and Clinical Synopsis:
DOB:	Gender:	

Further information

Pedigree symbols (Ref: AM JHum Genet 1995; 56:745-52)

Male / Female / Unknown Sex

Clinically affected

Multiple siblings
(If number not known, put ***n***)

Deceased (with age died)

d.63y

Proband
(index, propositus, proposita)

P

Consultand

Carrier of recessive condition
(usually clinically asymptomatic,
e.g. Haemophilia)

Heterozygous for partially
penetrant condition
(e.g. FXI deficiency)

Twins
(MZ, DZ and uncertain)

?

Ongoing pregnancy

P

EDD

Miscarriage
(unaffected, affected)

(sex, gestation)

male
16 wk

male
16 wk

Termination
(unaffected, affected)

Stillbirth
(with gestation)

SB 32 wk

Consanguinity

Partners now separated

FOR LABORATORY USE ONLY

Date and time received: _____ Sample type: _____

Comment: