

# 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.:	

<b>Please sign this box to confirm documentation of consent:</b> Signature: _____	<b>SAMPLES WILL NOT BE PROCESSED IF THIS IS LEFT BLANK</b>
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## 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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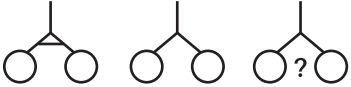



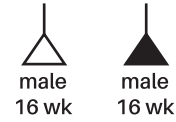









**If samples on other family members are included please record their details here**

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

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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		Twins (MZ, DZ and uncertain)	
Clinically affected		Ongoing pregnancy	
Multiple siblings (if number not known, put <i>n</i> )		Miscarriage (unaffected, affected) (sex, gestation)	
Deceased (with age died)		Termination (unaffected, affected)	
Proband (index, propositus, proposita)		Stillbirth (with gestation)	
Consultand		Consanguinity	
Carrier of recessive condition (usually clinically asymptomatic, e.g. Haemophilia)		Partners now separated	
Heterozygous for partially penetrant condition (e.g. FXI deficiency)			

## FOR LABORATORY USE ONLY

Date and time received: \_\_\_\_\_ Sample type: \_\_\_\_\_

Comment:
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