

Lab use only Attach lab number here



Laboratory Contact details

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PRUH Male Partners Sample Referral Form

PRUH CSR: Request sample for FBC and Sickle/Thalassaemia screen Book in as Source PRU Clinician XPATH



Biological Father Details



	V		
Surname			
Forename			
Date of Birth			
Hospital Number		NHS Number	
Family History			
Requesting			
Midwife/Counsellor			
Date of Request			

Biological Father Family Origin

FOQ(Lab use only)	Tick as many boxes as appropriate	
Α	Caribbean Islands	
Α	Africa (excluding North Africa)	
А	Other African or Caribbean - give details	
В	India or African Indian	
В	Pakistan, Bangladesh, Sri Lanka	
С	China including Hong Kong, Taiwan, Singapore, Thailand, Indonesia, Malaysia, Vietnam, Philippines, Cambodia, Laos, Myanmar	
	South East Asian - Other - give	
С	details	

FOQ (lab use only)	Tick as many boxes as appropriate	
D	Other Non-European - give details	
Е	Sardinia	
Е	Cyprus, Greece, Turkey	
Е	Italy, Portugal, Spain	
Е	Other Mediterranean - give details	
F	United Kingdom (White)	
G	Northern European (White)	
Н	Don't Know - Adoption/Unknown ancestry	
Н	Don't Know - Donor egg / Sperm	
Н	Don't Know - Bone Marrow	
	Transplant	
I	Declined to Answer	

Other details







Surname		
Forename		
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