

**CSR**

**Book FBC**

Lab use only  
Attach lab number here

**Laboratory Contact Details**  
Telephone: 020 3299 2455 (lab)  
Email: kch-tr.redcelllab@nhs.net

**Biological Father Referral Form - SE London Sickle Cell and Thalassaemia Centre**

**KCH CSR: Book in 1 sample for FBC upon receipt and process urgently**

**Use clinician code NKAN, use source code SCT**

**Send copy of request form and 1 EDTA to Red Cell Lab**

**Biological Father Details**



**Phlebotomist:** Please collect two EDTA blood samples from the *biological father*



Surname		
Forename		
Date of Birth		
Hospital Number		NHS Number
Haemoglobinopathy Status (if known)		
Requesting Midwife/Counsellor		
Date of Request		

**Biological Father Family Origin**

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

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

**Other details**

**Female Partner Details**



Surname		
Forename		
Date of Birth		
Hospital Number		NHS Number
Haemoglobinopathy Status		