

Haemophilia and Thrombosis Request for Genetic Status



Haemophilia and Thrombosis Laboratory, The Doctors Laboratory
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
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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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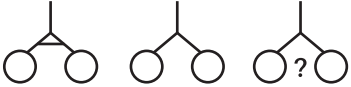



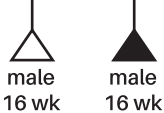









If samples on other family members are included please record their details here

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

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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	 EDD
Multiple siblings (if number not known, put <i>n</i>)		Miscarriage (unaffected, affected) (sex, gestation)	 male 16 wk male 16 wk
Deceased (with age died)	 d.63y	Termination (unaffected, affected)	
Proband (index, propositus, proposita)		Stillbirth (with gestation)	 SB 32 wk
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:
