



Surname and initials*
Name spouse
Street name + number*
Postal code and city*
Country*
Date of birth (yyyy/mm/dd)*
Sex*

Patient information / Fill out completely

Postal address
LUMC, Building 2
KG, Genome diagnostics S-06-P
Visiting address:
Eindhovenweg 20, Reply number 10392
2300 RC Leiden
The Netherlands

Administration:
Tel: 071-5269800
Email: genoomdiagnostiek@lumc.nl
Website: www.LUMC.nl/klingen / www.hbpinfo.com

* REQUIRED FIELDS

PROCEDURE: Always consult us prior to sending material for Prenatal Diagnosis, (tel. 0031715269800)
All materials must be clearly labelled with the patient number, name and date of birth

MATERIAL: **Hematological and DNA analysis:** 2 EDTA blood samples (4-7 ml each; neonates ≥ 1ml),
Chorionic villi (20 mg) or amniotic fluid (15 ml).

TRANSPORT: At room temperature to the address above. Use an overnight courier for priority samples and cooled material.
EDTA blood and DNA can be sent by post.

FORM: Please fully complete the form (**one form per person**).

PATIENT INFORMATION: Please give to the patient, this can be found at www.LUMC.nl/klingen
For diagnostic turnaround times, our current criteria for diagnostic requests and opening hours, see our website.

Objection to other use of remaining material: **yes** **no**

REFERRING PHYSICIAN:

	Telephone :
Hospital/Institution :	Department :
Address :	Your ref. ID :
Postal code / City :	Email :
Date of collection :	

Date of sample collection:	Hb	Ht	Ery	MCV	MCH	MCHC	Ret	Ferritine	Serum	Fe
Therapy	Splenectomy		Transfusion <input type="checkbox"/> No <input type="checkbox"/> yes, d.d:		Country of origin			Family history		

REASON FOR REFERRAL:

<ul style="list-style-type: none"> ○ HbP in the family ○ Partner of HbP carrier: Name partner: ○ Persistent microcytic anaemia with normal ferritin values ○ Microcytic parameters with or without anaemia ○ (Preparing) prenatal analysis; earlier affected child? yes / no*. If yes, give more information or reference number below. 	<ul style="list-style-type: none"> ○ Anemia/Hemolysis e.c.i. ○ Cyanosis/Polyglobuly e.c.i. ○ Hydrops foetalis e.c.i. ○ From country with high carrier frequency ○ Other:
--	---

ADDITIONAL INFORMATION/ ANAMNESIS / PEDIGREE (more writing space on other side)

TO BE FILLED OUT BY PATIENT SECRETARY:

....-nummer:	Datum ontvangst:	Paraaf ontvangst:
....-nummer:	Hoeveelheid ontvangen bloed/chorionvlokken/vruchtwater:	
Familienummer:	Declarabel:	
Gen / Miracle code:	Paraaf staf:	