



Please fully complete the form (one form per person).

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

\* REQUIRED FIELDS

Patient information / Fill out completely

**Postal address**

LUMC, Building 2  
KG, Genome diagnostics S-06-P

Visiting address/ Courier service:  
Eindhovenweg 20, 2333 ZC, Leiden

Reply number 10392, 2300 WB, Leiden  
The Netherlands

**Administration:**

Tel: 071-5269800

Email: [genoomdiagnostiek@lumc.nl](mailto:genoomdiagnostiek@lumc.nl)

Website: [www.LUMC.nl/klingen](http://www.LUMC.nl/klingen) / [www.hbpinfo.com](http://www.hbpinfo.com)

**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.

**PATIENT INFORMATION:** Please give to the patient, this can be found at [www.LUMC.nl/klingen](http://www.LUMC.nl/klingen)

For diagnostic turnaround times, our current criteria for diagnostic requests and opening hours, see our website.

When requesting this genetic test, we assume that the risk of incidental findings was discussed with the patient.

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

**REFERRING PHYSICIAN:**

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

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:**

- 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.
- 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:	Declabel:	
Gen / Miracle code:	Paraaf staf:	