



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

* REQUIRED FIELDS

Mail address:

LDGA
LUMC - building 2, Postal zone S-06-P
Einthovenweg 20, 2333 ZC Leiden
P.O. box 9600, 2300 RC Leiden
The Netherlands

Administration:

Tel. : +31 71 – 526 9800
Fax : +31 71 – 526 8276
Email : ldga@lumc.nl
Website : www.lumc.nl/klingen / 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.

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

PATIENT INFORMATION: Please give to the patient, this can be found at <https://www.lumc.nl/org/klinische-genetica/patientenzorg/aanvragen-laboratoriumdiagnostiek/?setlanguage=English&setcountry=en>
For diagnostic turnaround times, our current criteria for diagnostic requests and opening hours, see our website.

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:	Declarabel:	
Gen / Miracle code:	Paraaf staf:	