

REQUEST FORM FOR **PRENATAL** INVESTIGATION

SOUTH AFRICAN NATIONAL BLOOD SERVICE
 52 Siphosethu Road
 Mt. Edgecombe
 4302
 Tel: 031 719 6607
 Emergency No.: 082 894 0752

Laboratory Number



NB: Amnio will not be processed if gestation, collection date and labelling of tube is not completed.

PLEASE TICK TESTS REQUESTED

AFP
 KARYOTYPING
 QF - PCR

PATIENT INFORMATION

SURNAME																
FIRST NAME																
IDENTITY No.																
PATIENT CELL No																
DATE OF BIRTH	D	D	M	M	Y	Y	Y	Y	AGE							

SAP BARCODE

HOSPITAL DETAILS

HOSPITAL																
PATIENT HOSPITAL No.											WARD:					

MEDITECH BARCODE

MEDICAL AID DETAILS

IS PATIENT A MEMBER OF MEDICAL AID?	Y	N	MEDICAL AID SOCIETY													
MEDICAL AID No.																
ACCOUNT DETAILS-ADDRESS	NAME OF PRINCIPAL MEMBER OF MEDICAL AID / GUARANTOR															
ADDRESS OF GUARANTOR																
											POSTAL CODE					
EMPLOYER											TEL: (H)					
											TEL: (B)					

Referring Doctor

NAME:															
ADDRESS:															
DOCTOR CELL No:															
SIGNATURE:															

Lab Use only	Acc's Dept.
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VOLUME RECEIVED	AFP	9006	
VOLUME PERSON PROCESSING	QF-PCR		
AFP	CULTURE	9035	
	KARYO	9007	
	POC / SOLID TISSUE-		
	CULTURE	9163	
	KARYO	9162	

Obstetric History: (Indicate abortions or miscarriages)	This pregnancy
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G..... P.....	LMP:
SEX AGE DEFECTS	
1.	BY ULTRASOUND: weeks
2.	DATE OF AMNIOCENTESIS:
3.	TIME:

Indication of amnio

<input type="checkbox"/> MATERNAL AGE > 35	<input type="checkbox"/> ABNORMAL MATERNAL SERUM DOWN SYNDROME SCREEN (Give Risk)
<input type="checkbox"/> PREVIOUS AFFECTED CHILD (Give Details)	<input type="checkbox"/> PARENTAL ANXIETY
<input type="checkbox"/> POLYHYDRAMNIOS	<input type="checkbox"/> ABNORMAL SCAN

CONSENT FOR FOETAL CHROMOSOME ANALYSIS AND ALPHA-FETOPROTEIN ASSAY

We, the undersigned, acknowledge that the laboratory investigations may be unsuccessful or inconclusive. We understand that the birth of normal infant cannot be guaranteed from the results of investigations done on amniotic fluid or foetal cells contained herein.

We give our consent for foetal chromosome analysis and alpha fetoprotein assay to be done, and agree to pay SANBS - for lab investigations undertaken.

PLEASE NOTE: SANBS shall take reasonable steps to keep your personal information confidential, safe, protected and secure and shall under no circumstances, publish, issue, circulate, distribute or share it with third parties in any form, unless authorised and/or allowed in terms of law, regulation, standard, directive, ruling, guideline, notice, or by-law.

PATIENT:	PARTNER:
WITNESS:	DATE:

GENERAL INFORMATION ON GENETICS DEPARTMENT

SPECIMEN TYPE	CONTAINER TYPE	SPECIAL INSTRUCTIONS
Amniotic fluid	2 x 15ml plain, sterile plastic tubes (Available from the Genetics Laboratory)	Specimens are usually taken at or after 16 weeks gestation. Should be sterile and free of blood. Keep cool, do not freeze.
<p><u>CAUTION: Take blood for maternal Alpha-Fetoprotein assay BEFORE amniocentesis.</u></p> <p>Please note: If an amniotic fluid sample for foetal chromosome analysis is taken on a Friday (or the day before a public holiday), PLEASE make prior transport arrangements with the Genetics Laboratory.</p>		

Reports

Foetal Chromosome Analysis on amniotic fluid - This procedure usually takes 3 weeks to complete. Results will be telephoned to the patient's gynaecologist and a full report will be posted thereafter.

Procedure for the despatch of samples to the Genetics Laboratory

1. Samples must be placed in specimen envelopes (1 patient per envelope). These are available from SANBS Genetics Lab in Mount Edgecombe on request.
2. When samples are ready for despatch, phone the Genetics Laboratory on 031 719 6607 or on 082 894 0752 after hours.
3. A driver from SANBS will be despatched to collect samples. (In the Durban area only).
4. Samples collected outside the Durban area must be submitted to the local branch of SANBS for despatch to Mount Edgecombe.