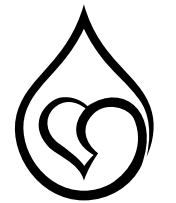


REQUEST FORM FOR **PRENATAL** INVESTIGATION

SOUTH AFRICAN NATIONAL BLOOD SERVICE
 10 Eden Road
 Pinetown
 3610
 Tel: 031 719 6607
 Emergency No.: 082 894 0752

Laboratory Number



SANBS
 South African National Blood Service
 Registration No. 2000/026390/08

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			
HOSPITAL DETAILS															
HOSPITAL															
PATIENT HOSPITAL No.						WARD:									
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		TEL: (H)			
EMPLOYER												TEL: (B)			

SAP BARCODE

MEDITECH BARCODE

Referring Doctor

NAME:	
ADDRESS:	
DOCTOR CELL No.:	
SIGNATURE:	

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

Obstetric History: (Indicate abortions or miscarriages) This pregnancy:

G	P	LMP:
SEX	AGE	DEFECTS
1.		BY ULTRASOUND: weeks
2.		DATE OF AMNIOCENTESIS:
3.		TIME:

Indication for amnio

MATERNAL AGE > 35
 ABNORMAL MATERNAL SERUM DOWN SYNDROME SCREEN (Give Risk)

PREVIOUS AFFECTED CHILD (Give Details)
 PARENTAL ANXIETY

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 therein.

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 required and/or allowed in terms of law, regulation, standard, directive, ruling, guideline, notice, or by-law.

PATIENT:	PARTNER:
WITNESS:	DATE: