# REQUISITION FORM FOR HEMOGLOBINOPATHIE ANALYSIS
## Hematological, biochemical and molecular analysis

Patient information / fill in completely

Surname and initials
Name spouse
Street name and number
Postal code and city
Date of birth
Sex

Insurance company/number.

LDGA – HbP Laboratory

Mail address:
LUMC-gebouw 2, Postzone S-06-P
P.O. box 9600, 2300 RC LEIDEN
the Netherlands
Administration:
Tel.: 071 –526 9800
Fax: 071 –526 8276
email: ldga@lumc.nl
www.lumc.nl/klingen / www.hbpinfo.com

**ANALYSIS REQUEST AND MATERIAL:**

- **ROUTINE ANALYSIS**: 10cc EDTA blood, sent in by fast mail at room temperature.
- **EXTENDED ANALYSIS** (Hb chain synthesis), **after appointment only:** very fresh 10cc EDTA blood + 10cc Li-Heparin blood, transport in melting ice. Call for appointment or information: +31 (0)71-526 9800
- **URGENT ANALYSIS:** HbS related to NARCOSIS: 5cc EDTA blood
  **Please mention email address or telephone number for short-term results.**
- **URGENT ANALYSIS** related to pregnancy of couples (potentially) at risk: 10cc EDTA blood of both partners and the chorionic villi / amniocentesis sample of the foetus. **After appointment only!**

**MATERIAL:** Correctly packed. Always clearly labelled with name and DOB of the patient.

**TRANSPORT:** Express carrier

**REQUISITION FORM:** Fill in one form per patient; the last page with patient information should be given to the patient. More information about the procedure see request procedure

**REFERRING PHYSICIAN**:

| | | | |
|---|---|---|---|
| Hospital/Institution | : | Telephone | : |
| Address | : | Department | : |
| Postal code / City | : | Your ref. ID | : |
| | | email | : |

| Date of sample collection: ……. / ……. / 20… | Hb | Ht | Ery | MCV | MCH | MCHC | Ret | Ferritine Serum Fe |
|---|---|---|---|---|---|---|---|---|
| Therapy | Splenectomy | | Transfusion ☐ No ☐ yes, d.d: ……/……../20….. | | 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
- ○ Anemia/Hemolysis e.c.i.
- ○ Cyanosis/Polyglobuly e.c.i.
- ○ Hydrops foetalis e.c.i.
- ○ From country with high carrier frequency
- ○ Other: ……
- ○ (Preparing) prenatal analysis; earlier affected child? yes / no*. If yes, give more information or reference number below.

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

**IN TE VULLEN DOOR LABORATORIUM:**

D1-nummer:
D2-nummer:
Familienummer:

Datum bloedontvangst:
Hoeveelheid ontvangen bloed:
Declarabel:
Paraaf voor gezien:

# REQUISITION FORM FOR HEMOGLOBINOPATHIE ANALYSIS
## Hematological, biochemical and molecular analysis

**RULES FOR SUBMITTING REQUESTS FOR ANALYSIS TO THE LABORATORY FOR DIAGNOSTIC GENOME ANALYSIS - HEMOGLOBINOPATHIES LABORATORY (LDGA-HbP):**

**1. Requests**

1.1 In order to prevent mistakes and delays, requests should be submitted in a clear, unambiguous manner. Using the requisition form ensures that all of the necessary information is obtained.

1.2 After accepting a request, LDGA-HbP commits itself to carry out the requested activities with professional care and expertise in accordance with the quality standards applicable to LDGA-HbP.

1.3. LDGA-HbP can refuse a request if it contains insufficient information for obtaining a result that meets its standards of quality. In such cases, LDGA-HbP will immediately inform the requesting party.

**2. Samples**

2.1 The inquirer submits the samples to be analyzed with proper identification. Tubes must bear two unique identifiers (the person's name and date of birth or patient number). Unlabeled tubes will not be handled. One requisition form (pdf file) must be fully completed for each person.

2.2 5 to 10 cc EDTA blood are necessary per person (for neonates two tubes of 2,5 ml). Samples for extended analysis are only to be sent after an appointment and following the instructions on page 1.

2.3 If the conditions stated in 2.1 and 2.2 are not met, LDGA-HbP is not obliged to accept the sample.

2.4 If no agreement to the contrary was made when the request was submitted, LDGA-HbP will preserve the samples, or what remains of them after examination, in accordance with its own regulations.

**3. Procedure**

3.1 LDGA-HbP will determine the manner, methods and apparatus used in performing its activities.

3.2 All activities are carried out in accordance with explicitly prescribed norms, standards and regulations. LDGA-HbP will provide the inquirer with further information in this regard if so desired.

3.3 Should the analysis of a request extend into areas in which LDGA-HbP has no knowledge or experience, LDGA-HbP will contact the inquirer about outsourcing such activities.

3.4 All actions and storage prior to the receipt of a specimen are not LDGA-HbP's responsibility.

**4. Results**

4.1 LDGA-HbP always provides the results – evaluation reports, advice, information or otherwise – in writing. At the request of the inquirer, results can additionally be given by telephone, fax, online or by other means.

4.2 Depending upon the reason for referral, the following waiting periods for results are adhered to:
Prenatal analysis: 2 weeks
Urgent HbS analysis: preliminary report by telephone or email within 24 hrs.
Complete HbP analysis (hematology and molecular confirmation): 2 – 3 months.
In cases of emergency an earlier time period can be agreed upon.

**5. Confidentiality**

5.1 The confidentiality of the data is guaranteed by privacy regulations.

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Extra space for additional information:

# PATIENT INFORMATION

Leiden University Medical Center
Center for Human and Clinical Genetics, Department of Clinical Genetics

**Information for patients regarding the secondary use of tissue**

**GIVE THIS SECTION TO THE PATIENT**

**PATIENT INFORMATION**

A sample of your body tissue ( for instance blood, urine, skin, cheek mucous membrane, chorionic villus/ amniotic fluid) has been taken from you for chromosomal, DNA or biochemical evaluation for a particular disorder. After the diagnostic study or test has been done, a small amount of the sample is usually left over, which is not simply destroyed without reason. This is called 'extra' or remaining tissue. The remaining tissue is often usable for scientific research into the same disorder.

Almost all knowledge about health and disease has been gained through medical-scientific research. This research can be conducted in various ways: by examining one patient, by comparing the data of patient groups with that of other patients or healthy persons, and often too by laboratory studies. In much of this scientific research, the remaining tissue from patients is used. This occurs in an encoded fashion: the researcher does not know who the sample has been taken from, so it is not directly traceable to one individual. The only person who has the key to the code and knows the identity of the attending doctor is the one who gives the previously collected tissue to the researcher. At each of our laboratories, one designated person assigns and is responsible for that unique code.

If a study requires that the researcher knows who is involved, thus making the body tissue traceable, you need to give your *explicit permission,* and this will be requested and discussed with you in advance.

It can sometimes happen that the researcher discovers something that is of direct importance to a particular patient. In that case the person who has the key to the code will inform the attending doctor. Your doctor will discuss this information with you only if you have indicated that you want to receive such new information.

**What should you do?**

- You don't have to do anything if you *have no objection* to the secondary use of your previously collected tissue for scientific research in which *your personal details are not at the disposal of the researcher.*
- If you *do have an objection*, notify your doctor of this. This information will be registered and passed on to the laboratory, so that the extra tissue will not be used.
- If you have no objection and moreover want to be told about results that are important for you or your family members, you can also inform your doctor of this.
- You will be separately contacted and notified if there is a question of research in which the researcher *must have access to your personal details.* For this type of research your *written permission* is always necessary.

We hope we have provided you with sufficient information. For the complete text of this patient information bulletin, please refer to www.federa.org. You can also request the text and rules of conduct from Federa - FMWV (Federatie van Medisch Wetenschappelijke Verenigingen). The address is Erasmus MC, JNI WS Ae 409, FMWV, PO box 2040, 3000CA Rotterdam.