

Thalassemia/Haemoglobinopathy Patient Information

Instructions: The information requested below is important for interpretation of test results. To help us provide the best possible service please answer the questions completely and send the paperwork with the specimen. All answers will be kept confidential.

Patient Information	
<i>Paste Patient's sticky label</i>	Referring Provider: _____ Ethnic origin/Country of origin: <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Malay <input type="checkbox"/> Others e.g. Myanmar, Philippino please specify: _____ <input type="checkbox"/> Mixed, please specify: _____
Clinical History	
Reasons for Testing <input type="checkbox"/> Antenatal/Carrier testing <input type="checkbox"/> Erythrocytosis <input type="checkbox"/> Microcytosis <input type="checkbox"/> Cyanosis <input type="checkbox"/> Haemolytic anaemia <input type="checkbox"/> Sickle monitor/treatment monitor <input type="checkbox"/> Previous known haemoglobinopathy <input type="checkbox"/> Other relevant information: Dx: _____ _____	
Family History Are other relatives known to be affected? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain disorder and relationship to patient _____	
Recent transfusion history (within 3 months) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, date(s) of last transfusion(s) _____	
Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state the trimester: _____	