

Screening for Haemoglobinopathies Family Origin Questionnaire (FOQ)



Hospital Name

CHI No.

Estimated Delivery Date

Surname

Forename

Date of Birth

Address 1

Address 2

Postcode

Screening test declined

This form must be attached securely to the haematology laboratory request form with the antenatal blood samples. A second copy of the form should be added to the patient's maternity record. (A third copy can be added to the hospital records if applicable). The completion of this form is an ESSENTIAL part of the screening process.

What are your family origins?

Please tick all boxes in ALL sections that apply to the woman and the baby's father

	Woman	Baby's father
A. AFRICAN OR AFRICAN CARIBBEAN (BLACK)		
1/ Caribbean Islands	<input type="checkbox"/>	<input type="checkbox"/>
2/ Africa (excluding North Africa)	<input type="checkbox"/>	<input type="checkbox"/>
3/ Any other African or African-Caribbean family origins (please write in...)	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>		
B. SOUTH ASIAN (ASIAN)		
1/ India or African-Indian	<input type="checkbox"/>	<input type="checkbox"/>
2/ Pakistan	<input type="checkbox"/>	<input type="checkbox"/>
3/ Bangladesh	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>		
C. SOUTH EAST ASIAN (ASIAN)		
1/ China including Hong Kong, Taiwan, Singapore	<input type="checkbox"/> #	<input type="checkbox"/> #
2/ Thailand, Indonesia, Burma	<input type="checkbox"/> #	<input type="checkbox"/> #
3/ Malaysia, Vietnam, Philippines, Cambodia, Laos	<input type="checkbox"/> #	<input type="checkbox"/> #
4/ Any other Asian family origins (eg Caribbean-Asian) (please write in...)	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>		
D. OTHER NON-EUROPEAN (OTHER)		
1/ North Africa, South America etc	<input type="checkbox"/>	<input type="checkbox"/>
2/ Middle East (Saudi Arabia, Iran etc)	<input type="checkbox"/>	<input type="checkbox"/>
3/ Any other Non-European family origins (please write in....)	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>		
E. SOUTHERN & OTHER EUROPEAN (WHITE)		
1/ Sardinia	<input type="checkbox"/> #	<input type="checkbox"/> #
2/ Greece, Turkey, Cyprus	<input type="checkbox"/> #	<input type="checkbox"/> #
3/ Italy, Portugal, Spain	<input type="checkbox"/>	<input type="checkbox"/>
4/ Any other Mediterranean country	<input type="checkbox"/>	<input type="checkbox"/>
5/ Albania, Czech Republic, Poland, Romania, Russia etc	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>		
F* UNITED KINGDOM (WHITE) refer to guidance at the back		
1/ England, Scotland, N Ireland, Wales	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>		
G* NORTHERN EUROPEAN (WHITE) refer to guidance at the back		
1/ Austria, Belgium, Ireland, France, Germany, Netherlands	<input type="checkbox"/>	<input type="checkbox"/>
2/ Scandinavia, Switzerland etc	<input type="checkbox"/>	<input type="checkbox"/>
3/ Any other European family origins, refer to chart (eg Australia, N America, S Africa) (please write in...)	<input type="checkbox"/>	<input type="checkbox"/>
*Hb Variant Screening Requested by F and/or G (ie request from low risk group)	<input type="checkbox"/>	<input type="checkbox"/>
# Higher risk for alpha zero thalassaemia		
<hr/>		
H. DON'T KNOW (incl. pregnancies with donor egg/sperm)	<input type="checkbox"/>	<input type="checkbox"/>
I. DECLINED TO ANSWER	<input type="checkbox"/>	<input type="checkbox"/>
J. ESTIMATED DELIVERY DATE (please write in if not above)	<input type="text"/>	<input type="text"/>
K. GESTATION AT TIME OF TEST	<input type="text"/>	<input type="text"/>

OFFER haemoglobin variant screening to all women if they or their baby's father have answers in a shaded box

Signed _____ Print Name _____

Job Title _____ Contact Tel No _____ Date _____

(By Health Care Professional completing the form)

Guidance for Health Care Professionals

Screening and Diagnostic Uses of the Family Origin Questionnaire

The Family Origin Questionnaire (FOQ) is principally used as a tool to identify women who are at highest risk of being a carrier or having a baby with a haemoglobin variant or disorder.

The FOQ is also used as a tool by laboratory staff to help with the interpretation of results, particularly in the interpretation of results indicating possible alpha or beta thalassaemia. The family origin is also relevant in the interpretation of red blood cell indices and essential for accurate prenatal diagnosis. More information about its use can found in the laboratory handbook <http://sct.screening.nhs.uk/publications>

Therefore you need to ask for the family origins of both the woman **AND** the baby's father going back at least 2 generations (or more if possible).

Women with Sickle Cell Disease

Screening will also identify women with sickle cell disease, who should be considered "high risk" requiring specialist care during pregnancy from an Obstetrician and Haematologist, and who should be booked for a hospital delivery.

"Low risk" Family Origins

People with family origins from the countries listed below are considered at low risk for haemoglobin variants.

United Kingdom (White)

England, Scotland, Northern Ireland, Wales.

Northern European (White)

Austria, Belgium, Denmark, Greenland, Iceland, Ireland (Eire), Finland, France, Germany, Luxembourg, Netherlands, Norway, Sweden, Switzerland.

Some populations of the following countries have Northern European origin (countries listed above) and are also at low risk for haemoglobin variants :

Northern European Origin (White)

Australia, North America (USA, Canada), South Africa, New Zealand.