What are your family origins?

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

A. AFRICAN OR AFRICAN-CARIBBEAN (BLACK)

Caribbean Islands
Africa (excluding North Africa)
Any other African or African-Caribbean family origins (please write in…)

Woman    Baby’s father

B. SOUTH ASIAN (ASIAN)

India or African-Indian
Pakistan, Bangladesh
Sri Lanka

Woman    Baby’s father

C. SOUTHWEST ASIAN (ASIAN)

China including Hong Kong, Taiwan, Singapore
Thailand, Indonesia, Burma
Malaysia, Vietnam, Philippines, Cambodia, Laos
Any other Asian family origins (please write in…) (e.g. Caribbean-Asian)

Woman    Baby’s father

D. OTHER NON-EUROPEAN (OTHER)

North Africa, South America etc
Middle East (Saudi Arabia, Iran etc)
Any other Non-European family origins (please write in…)

Woman    Baby’s father

E. SOUTHERN & OTHER EUROPEAN (WHITE)

Sardinia
Greece, Turkey, Cyprus
Italy, Portugal, Spain
Any other Mediterranean country
Albania, Czech Republic, Poland, Romania, Russia etc

Woman    Baby’s father

F. UNITED KINGDOM (WHITE) refer to chart at the back

England, Scotland, N Ireland, Wales

Woman    Baby’s father

G. NORTHERN EUROPEAN (WHITE) refer to chart at the back

Austria, Belgium, Ireland, France, Germany, Netherlands
Scandinavia, Switzerland etc

Woman    Baby’s father

H. DON’T KNOW

adoption/unknown ancestry
donor egg/sperm
bone marrow transplant

Woman    Baby’s father

I. DECLINED TO ANSWER

Woman    Baby’s father

J. ESTIMATED DELIVERY DATE

(please write in if not above)

K. GESTATION AT TIME OF TEST

REPORT DESTINATION (e.g. Community Midwife, GP, Antenatal Clinic, Obstetrician)
Guidance for Health Care Professionals

Screening and Diagnostic Uses of the Family Origin Questionnaire

In low prevalence areas 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.

In high and low prevalence areas the FOQ is 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 be 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.

Obtaining a supply of FOQ forms

For more information on how to order additional FOQ forms then please visit the website stc.screening.nhs.uk/foq

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