

Family Origin Questionnaire

If using a pre-printed label please attach one to each copy

Hospital number
 NHS number
 Estimated delivery date
 Surname
 Forename
 Date of birth
 Address 1
 Address 2
 Post code

Gestation at time of sample (weeks and days)

Screening test declined

Report destination (such as community midwife, GP, antenatal clinic, obstetrician)

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Is pregnancy the result of IVF? If yes, complete the form including **SECTION H.**

What are your and your family's origins?

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

One copy of the form must be sent to the laboratory and one copy must be retained in the maternity record. The completion of this form is an **ESSENTIAL** part of the screening programme for sickle cell and thalassaemia.

A. AFRICAN OR AFRICAN-CARIBBEAN (BLACK)	Woman	Biological father
Caribbean Islands	<input type="checkbox"/>	<input type="checkbox"/>
Africa (excluding North Africa)	<input type="checkbox"/>	<input type="checkbox"/>
Any other African family origins	<input type="checkbox"/>	<input type="checkbox"/>
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B. SOUTH ASIAN (ASIAN)	Woman	Biological father
India or African-Indian	<input type="checkbox"/>	<input type="checkbox"/>
Pakistan, Bangladesh, Sri Lanka	<input type="checkbox"/>	<input type="checkbox"/>
C. SOUTH EAST ASIAN (ASIAN)	Woman	Biological father
China including Hong Kong, Taiwan	<input type="checkbox"/> #	<input type="checkbox"/> #
Singapore, Thailand, Indonesia	<input type="checkbox"/> #	<input type="checkbox"/> #
Malaysia, Vietnam, Philippines	<input type="checkbox"/> #	<input type="checkbox"/> #
Cambodia, Laos, Myanmar	<input type="checkbox"/> #	<input type="checkbox"/> #
Any other Asian family origins	<input type="checkbox"/> #	<input type="checkbox"/> #
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D. OTHER NON-EUROPEAN (OTHER)	Woman	Biological father
North Africa, South America	<input type="checkbox"/>	<input type="checkbox"/>
Middle East, Saudi Arabia, Iran	<input type="checkbox"/>	<input type="checkbox"/>
Any other non-European family origins	<input type="checkbox"/>	<input type="checkbox"/>
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E. SOUTHERN AND OTHER EUROPEAN (WHITE)	Woman	Biological father
Sardinia	<input type="checkbox"/> #	<input type="checkbox"/> #
Greece, Turkey, Cyprus	<input type="checkbox"/> #	<input type="checkbox"/> #
Italy, Portugal, Spain	<input type="checkbox"/>	<input type="checkbox"/>
Albania, Czech Republic	<input type="checkbox"/>	<input type="checkbox"/>
Poland, Romania, Russia	<input type="checkbox"/>	<input type="checkbox"/>
Any other Mediterranean country	<input type="checkbox"/>	<input type="checkbox"/>
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F.* UNITED KINGDOM (WHITE) refer to the list on the back England, Scotland, Northern Ireland, Wales	Woman <input type="checkbox"/>	Biological father <input type="checkbox"/>
G.* NORTHERN EUROPEAN (WHITE) refer to the list on the back Austria, Belgium, Switzerland, Scandinavia Eire, France, Germany, Netherlands Australia, North America, South Africa Any other European family origins	Woman <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Biological father <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
* Hb Variant Screening Requested by (F) and/or (G)	<input type="checkbox"/>	<input type="checkbox"/>
# Higher risk for alpha zero thalassaemia		
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H. DON'T KNOW	Woman	Biological father
Adoption/unknown ancestry	<input type="checkbox"/>	<input type="checkbox"/>
Donor egg/sperm (if pregnancy results from donor egg, order test for mother and offer biological father test immediately)	<input type="checkbox"/>	<input type="checkbox"/>
Bone marrow transplant (if mother has had a bone marrow transplant, order test for mother and offer biological father test immediately)	<input type="checkbox"/>	<input type="checkbox"/>
I. DECLINED TO ANSWER	<input type="checkbox"/>	<input type="checkbox"/>

All women need to be informed that routine analysis of blood may identify them as a thalassaemia carrier. In low prevalence areas OFFER haemoglobin variant screening to all women if they or the baby's father have answers in any yellow box. In high prevalence areas OFFER haemoglobin variant screening to all women irrespective of answers.

Signed Print name Hospital Date

(By health care professional completing the form)

Guidance for health care professionals

In low prevalence areas the family origin questionnaire (FOQ) is principally used to identify women who are at high risk of being a haemoglobin variant carrier.

In high and low prevalence areas the FOQ is used to help with the interpretation of results, particularly in the interpretation of results indicating possible alpha or beta thalassaemia. The family origin is useful for accurate prenatal diagnosis. More information about its use can be found in the laboratory handbook. Search for 'SCT handbook for laboratories' on www.gov.uk.

Therefore you need to ask for the family origins of both the woman **AND** the baby's biological 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 will require 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 see www.gov.uk/phe/screening-leaflets