



NHS Sickle Cell and Thalassaemia Screening Programme prenatal diagnosis (PND) outcome form

Dear requesting clinician,

The National Congenital Anomaly and Rare Disease Registration Service (NCARDRS) collects screening results and outcomes for the NHS Sickle Cell and Thalassaemia (SCT) Screening Programme on pregnant women who have opted for PND. Data is collected from the PND laboratories. NCARDRS has permission from the National Information Governance Board under section 251 the NHS Health ACT 2006 and the authority of the Health Service (Control of Patient Information) Regulations 2002, to collect patient-identifiable data without the need for individual informed consent (CAG ref: CAG 10-02(d)/2015).

The main aim is to evaluate the screening programme. **To achieve this, please send this outcome form to the screening co-ordinator or specialist nurse at the maternity unit providing antenatal care.** Women can opt out of the register at any time. For more information see www.gov.uk/phe/ncardrs. For more information on this work please contact the PND laboratory or email the PHE Screening helpdesk at phe.screeninghelpdesk@nhs.net. Thank you very much for your help with this important work.

PND outcome form **Part 1** – short-term pregnancy outcome

Part A - please forward to requesting unit		Outcome form unique number		
Maternal surname	First name	DoB	NHS Number	EDD
Maternal address		GP name and address		PND reference

..... cut here

PND outcome form **Part 1** – short-term pregnancy outcome

Part B To be completed by the screening coordinator or specialist nurse and returned to PND lab within one month of receiving PND result	Outcome form unique number:		
Maternity unit address	Date of referral	Referrer's name	PND result
Please tick outcome: CONTINUING PREGNANCY [] MISCARRIAGE []* TERMINATION OF PREGNANCY []*			
*If there is a miscarriage or termination of pregnancy, do not complete Part 2 of the outcome form			
Completed by (please print) NAME TELEPHONE		Date Part 1 B completed on	

PND outcome form Part 2 – final outcome

Part A – please forward to requesting unit		Outcome form unique number		
Maternal surname	First name	DoB	NHS Number	EDD
Maternal address		GP name and address		PND reference
Maternity unit address		Date of referral	Referrer's name	PND result

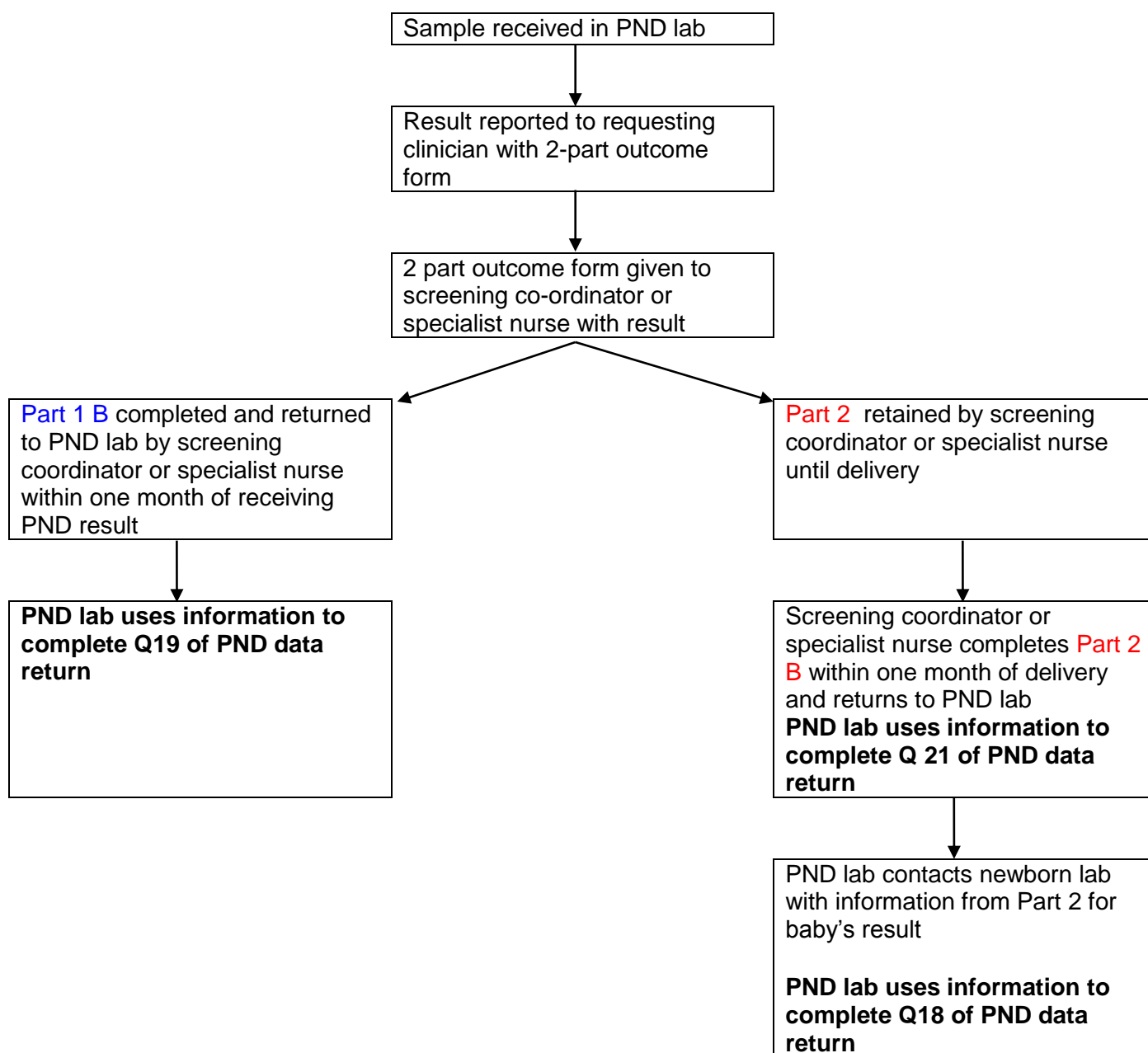
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PND outcome form Part 2 – final outcome

Part B to be completed within one month of delivery by screening coordinator or specialist nurse and returned to PND lab		Outcome form unique number:		
Maternity unit address		Date of referral	Referrer's name	EDD
Please return to PND lab address		Please return by (one month from EDD)		
Baby's NHS Number	Newborn laboratory that baby's blood spot was sent to	Baby's place of birth	If no live birth, please give reason	
Completed by (please print) Name: Telephone:		Date Part 2 B completed on		

Please complete parts in red, retain the named portion of this form (Part 2 A), and only return **Part 2 B** Final Outcome Form, with its unique identifying number to the PND laboratory

Flow diagram for use of 2-part pregnancy outcome form



The form should be sent for all PND requests, not just those where PND shows an affected fetus.

The screening co-ordinator or specialist nurse is only required to complete parts in red and blue.