Date of issue: 31-07-2013

MOLECULAR ANALYSIS FOR HEMOPHILIA

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FOR LAB USE ONLY

KD: _____

PATIENT INFORMATION:

Patient Name:	Ethnicity: ☐ Malay ☐ Chinese ☐ Indian ☐ Others; Please specify: _____	Gender: ☐ Male ☐ Female
Patient IC No.:		
Date of Birth:	Hosp/ Ward:	Hosp. Lab No.:
Age :	Type of Specimen:	
Address to send report:		
Tel/ Fax:	Date of Sampling:	Date Sent:

TEST REQUESTED:

☐ Factor VIII genotyping

☐ Factor IX genotyping

Name of index case: _____

Relationship of patient to index case: _____

Parental consanguinity: _____

REASON FOR TESTING:

☐ Carrier screen
- ☐ Clinically normal individual with no family history of the condition
- ☐ Family history of the condition

☐ Diagnosis or suspected diagnosis

Is this individual a possible carrier? ☐ **YES** ☐ **NO**
(Only applicable for female)

CLINICAL FEATURES:

Age of onset:_____year(s)

Bleeding tendency (eg: easy bruising) ☐ **YES** ☐ **NO**

Joint bleeding/swelling ☐ **YES** ☐ **NO**

If YES, No. of joint affected: _____

Please specify: _____

Bleeding post-surgery ☐ **YES** ☐ **NO**

Other symptoms indicating internal bleeding ☐ **YES** ☐ **NO**

Please specify: _____

CLINICAL SEVERITY:

☐ Normal ☐ Mild ☐ Moderate ☐ Severe

FACTOR LEVEL : VIII: _____ IX: _____

FACTOR INHIBITOR : ☐ **YES** ☐ **NO**

If YES, what was the level? _____

CURRENT TREATMENT(s):

_____

_____

_____

_____

Has anyone in this family ever had DNA testing for Hemophilia? ☐ **YES** ☐ **NO**

If YES, what was the result? _____

IMPORTANT CHECKLIST;

Please include with this form:

☐ Affected relative's genetic test result (if available)

☐ Family tree

Official stamp of Requesting Doctor:

Name, Signature & Date