From: [enter NBS laboratory name]

To: [Clinician’s name and name of centre]

Ref:

Date:

#### Re: Newborn Blood Spot Screening Programme

Dear [insert name],

Re: [name of infant] ([male/female])

NHS number:

DoB: [date of birth]

Infant of: [mother’s name] [mother’s address]

GP: Dr [name of GP]

This is to inform you that the NHS Newborn Blood Spot Screening Programme has found this infant to be screen positive for Sickle Cell disease [– possible HbSS, HbSC, HbS/β thalassaemia (S/β+, S/β°, HbS/δβ, HbS/γδβ, S/Lepore), HbS/DPunjab, HbS/E, HbS/OArab, HbS/HPFH, Hb S with any other variant and no Hb A, and other clinically significant condition (delete as appropriate)].

Please can you now:

* compete the data collection template (<https://www.gov.uk/government/publications/sickle-cell-and-thalassaemia-screening-outcome-data-collection-template>)
* email the completed form back to us for our records
* email the completed form to NCARDRS via scts.evaluation@nhs.net from an NHS.net email address

This will enable us to record that the infant has been seen by treatment services and confirm that screening programme standards have been met. Screen positive results should be reported to parents by 28 days. Infants should attend a haemoglobinopathy centre\* by 90 days of age.

\*Specialist haemoglobinopathy centres with responsibility for geographical area are in development. Haemoglobinopathy centre includes hospital of the clinician who receives the screen positive referral and is responsible for the care of the infant.

Yours sincerely,