Referral for Termination of Pregnancy due to Fetal Anomaly (TOPFA)

CONFIDENTIAL

bpas British Pregnancy Advisory Service

Fax to: **03453 459 922**
Email to: **topfa.bpas@nhs.net**

Referral date.....
Referring clinician .....
Address .....
.....
.....
Contact number.....
Fax.....

Patient's name .....
Address .....
.....
Contact number.....
NHS No. .....
DOB.....
Signed HSA1 attached ☐ Yes ☐ No

Height..... Weight ..... BMI.....
Rhesus ☐ Positive ☐ Negative
Hb..... g/dL..... Date .....

Gestational age by ultrasound.....
Copy of scan attached ☐ Yes ☐ No
Genetic reports attached ☐ Yes ☐ No ☐ N/A

Indication for termination.....
Obstetric history.....
.....
Medical and surgical histories .....
.....
Allergies or reactions to anaesthetic ☐ Yes ☐ No Details.....
Medications.....

Pathology required ☐ Yes ☐ No
(If yes, where and how material should be sent)
.....
.....

Genetic testing required ☐ Yes ☐ No
(If yes, where and how material should be sent)
.....
.....

Disposition of pregnancy tissue
☐ Burial ☐ Cremation ☐ Clinical disposal
☐ Undecided ☐ Not discussed ☐ Other

Discharge letter
(tick all that apply) ☐ Referrer ☐ GP ☐ Other.....

Signed.....
Name (PRINT) .....
Date.....
Job title.....

IF FOUND, PLEASE RETURN IMMEDIATELY TO: BPAS, 20 Timothy's Bridge Road, Stratford Enterprise Park, Stratford-upon-Avon, Warwickshire CV37 9BF