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

CONFIDENTIAL

Email to: TOPFA@bpas.org

bpas British Pregnancy Advisory Service

Referral date.....

Referring clinician .....

Address .....

.....

.....

.....

Contact number.....

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.....wks .....days

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)

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

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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