**附件1**

**三亚市14岁以下儿童重型地中海贫血免费筛查确诊工作信息登记表**

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| **序号** | **儿童姓名** | **性别** | **年龄** | **出生日期** | **父母姓名** | **联系电话** | **家庭住住址** | **地贫初筛** | | **基因诊断** | | | | | | | | **治疗 方案** |
| **血常规** | | **基因诊断日期** | **未见异常(√)** | **α地贫** | | | | **β地贫** | |
| **MCV (fL)** | **MCH (pg)** | **轻型** | **静止型** | **中间型** | **重型** | **轻型** | **重型** |
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本表为诊断机构门诊登记使用。其他各级医疗机构直接在门诊登记本的备注栏中注明“转诊”即可。