



**PATIENT & PARTNER**

**REGISTRATION FORMS**

**Version 2009**

**Issue 4 – Published 20/08/2009**

**These guidance notes replace all previous versions**

# GUIDANCE NOTES ON COMPLETING HFEA FORMS R (PATIENT) AND (P) PARTNER REGISTRATION

Version 2009/4

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## Patient Registration Form –Type R

<b>HFEA centre reference number</b>	This is the unique number issued to each physical clinic/centre by the HFEA upon receipt of an initial licence application. The centre number <b>must</b> be included on all forms returned to the HFEA. Centre numbers should be quoted in the format of four numerics – i.e. 0000. The EDI application will automatically populate this field.
<b>HFEA form number</b>	Each Patient Registration form has a single unique number to identify it, (top right hand corner starting with the letter R). If, after submitting a form, a correction needs to be made, it is essential that the unique form number of the form being corrected or updated be quoted on any new form in section 2. Original forms using duplicate form numbers will be rejected and returned to the centre. Numbers supplied by the HFEA are unique, and it is the responsibility of the centre to ensure that where forms are generated from Electronic Patient Records systems, that form numbers are not repeated. The EDI application will automatically populate this field.

<b>Female Patient Registration</b>	Centre	9004	Form R	
1 This form		<input type="radio"/> Is registering a new patient <input type="radio"/> Replaces all details previously registered		
This form is notifying corrections to form R				

<b>Section 1</b>	<p><b>This form:-</b></p> <p>If the person is a new Patient who has never been registered at this centre before, then please tick ✓ – REGISTERING A NEW PATIENT</p> <p>If you wish to make changes or corrections to a previous patient registration form, then the number of the original form which is now being replaced must be supplied.</p>
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2 Date patient first registered at this clinic	_/_/____
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<b>Section 2</b>	<p><b>Date patient first registered at this clinic</b></p> <p>This field is mandatory.</p> <p>A Patient Registration form should always be completed and submitted BEFORE an intention to treatment is reported. Please do not send treatment forms to the HFEA unless you have sent a registration form for the patient</p>
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and their partner (if they have one). Failure to do so will result in the treatment form being returned.

A Donor Information Form must also be submitted if the patient is an Egg Donor.

<p>3 Female Patient Number <input style="width: 150px;" type="text"/></p> <p>Previous Patient Number (if changed) <input style="width: 150px;" type="text"/></p> <p>Current forename(s) <input style="width: 300px;" type="text"/></p> <p>Current surname <input style="width: 300px;" type="text"/></p> <p>Surname at birth (if different from current) <input style="width: 300px;" type="text"/></p> <p>Date of birth <input style="width: 80px;" type="text"/></p> <p>Town or district of birth <input style="width: 200px;" type="text"/></p> <p>Country of birth <input style="width: 250px;" type="text"/></p> <p>NHS Number for UK resident (if known) <input style="width: 200px;" type="text"/></p> <p>OR Passport/ID card number <input style="width: 200px;" type="text"/></p> <p>Country of issue <input style="width: 250px;" type="text"/></p>	<p>Donor Number (if applicable) <input style="width: 150px;" type="text"/></p>
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## Section 3

### Female Patient Number

This field is mandatory. The Patient number should remain constant throughout all treatments and it should always be quoted in the same format on any subsequent registration, treatment or outcome forms. The number given to a patient, partner or donor must be unique within each licensed centre. Never give the same number to two different people.

In cases where the patient is also a donor (e.g. egg sharing), the same number can be used for the person to cover both instances, alleviating the need to allocate two separate numbers.

### Donor Number

Patients should only have one number allocated to them by a centre. However, it has been known for some centres to allocate a patient ID and separately a donor ID to the person if they intend to donate/share eggs or embryos.

### Previous Patient Number

If you have to change the number of a patient that has already been registered, record the **previous** number(s) in this field, then record the **new** patient number in the first field of this section and finally include the patient's current surname and surname at birth (if different from current) in this section.

### Personal details

The following personal details for the patient should be recorded:

- Current surname and forename(s) are mandatory
- Surname at birth must be supplied if different from current. Forms will be rejected if the patient surname is the same as the partner surname and the patients surname at birth is not supplied.
- Date of birth. Where the patient's age at the time of treatment is less than 18 or greater than 55, the forms will not be rejected but may be queried.

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	<ul style="list-style-type: none"> <li>Place of birth – <b>The patients town and country of birth <u>must</u> be recorded as part of the identifying information for the patient.</b></li> <li>NHS Number for UK residents OR</li> <li>Their Passport/ID Card number &amp; Country of Issue for non UK residents.</li> </ul> <p>Name fields can only contain alpha characters, apostrophes and hyphens or they will be rejected.</p> <p>If the patient is a donor as well, please submit a Donor Information form with the necessary additional information.</p>
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4 Is the patient disabled?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/>
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<b>Section 4</b>	<p><b>Patient disabled</b></p> <p>In line with government legislation, please tick the box if the patient considers themselves or is registered as disabled.</p>
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5 Patient ethnic group	<input type="text"/>
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<b>Section 5</b>	<p><b>Patient ethnic group</b></p> <p>Please select the group which most closely reflects the patient's ethnicity from Appendix 1 at the end of this document.</p>
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6 Has this person travelled from overseas for treatment in the UK?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/>
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<b>Section 6</b>	<p><b>Overseas patients</b></p> <p>Please state whether the person lives overseas and has travelled to the UK for treatment services.</p>
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7 This patient	<input type="checkbox"/> Currently has a partner <input type="checkbox"/> - please complete a Partner Registration Form <input type="checkbox"/> Is currently without a partner
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<b>Section 7</b>	<p><b>Patient Partner</b></p> <p>If the patient currently has a partner, then please tick the box and submit a Partner Registration form.</p> <p>If the patient does not currently have a partner, then please tick this box. If the patient was previously reported as having a partner (and their records linked) then by ticking this box the records will become disassociated.</p>
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Tick ✓ the appropriate box

**If the patient has changed their partner, remember to ensure that the change is registered before any further treatments are submitted.**

8 Patient/Donor Previous Obstetric History			
Total number of previous natural pregnancies	<input type="text"/>	Total number of natural live births	<input type="text"/>
Total number of previous IVF pregnancies	<input type="text"/>	Total number of IVF live births	<input type="text"/>
Total number of previous DI pregnancies	<input type="text"/>	Total number of DI live births	<input type="text"/>

**Section 8**

**Patient Previous obstetric history**

**Please note that multiple births are classed as a single live birth event.**

For all patients please supply:-

- a) The total number of **all** previous natural/spontaneous pregnancies and the number of live birth events resulting from this type of conception.
- b) The number of **IVF** pregnancies and the number of live birth events resulting from this method of conception and finally,
- c) The number of **DI** pregnancies and the number of live birth events resulting from this method of conception.

9 Duration of infertility (years)	<input type="text"/>
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**Section 9**

**Duration of infertility**

Please specify the duration of patient infertility to the approximate nearest year.

10 Cause for infertility/reason for treatment (more than one may apply)			
Tubal Disorders <input type="checkbox"/>	Endometriosis <input type="checkbox"/>	Uterine problems <input type="checkbox"/>	Menopausal <input type="checkbox"/>
Ovulatory disorder (inc.PCO) <input type="checkbox"/>	Ovarian failure <input type="checkbox"/>	Avoidance of genetic disorder <input type="checkbox"/>	
No male partner <input type="checkbox"/>	Male factor <input type="checkbox"/>	Unexplained <input type="checkbox"/>	Other <input type="checkbox"/>

**Section 10**

**Cause of infertility/reason for treatment**

Please select any of the options that apply. Please note that it is possible to tick ✓ more than one box.

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	<p>If the cause of infertility or main reason for treatment does not match any of the specific items listed, then please tick the "Other" option.</p>
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11 Last UK clinic for a new patient/donor treated elsewhere (if known)	<input style="width: 100%;" type="text"/>
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**Section 11**

**Last UK clinic for a new patient/donor treated elsewhere**

This section should be completed if the person has:

- Previously donated elsewhere within the U.K. or overseas
- Been treated elsewhere as a patient, or
- Registered elsewhere as a partner.

Please supply either the full name of the centre or its appropriate HFEA Centre number (if known).

12 Patient Consent	<table style="width: 100%;"> <tr> <td style="width: 60%;">Generic Consent for Research</td> <td style="text-align: center;"> <input type="radio"/> No    <input type="radio"/> Yes         </td> </tr> <tr> <td>Consent for non-contact research</td> <td style="text-align: center;"> <input type="radio"/> No    <input type="radio"/> Yes         </td> </tr> <tr> <td>Consent for contact research</td> <td style="text-align: center;"> <input type="radio"/> No    <input type="radio"/> Yes         </td> </tr> </table>	Generic Consent for Research	<input type="radio"/> No <input type="radio"/> Yes	Consent for non-contact research	<input type="radio"/> No <input type="radio"/> Yes	Consent for contact research	<input type="radio"/> No <input type="radio"/> Yes
Generic Consent for Research	<input type="radio"/> No <input type="radio"/> Yes						
Consent for non-contact research	<input type="radio"/> No <input type="radio"/> Yes						
Consent for contact research	<input type="radio"/> No <input type="radio"/> Yes						

**Section 12**

**Patient Consent**

Complete this section with details of what the patient has completed in section 4.1 and 4.2 on the 'Consent to disclosure of identifying information' Form.

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## Partner Registration Form –Type P

**A husband is assumed in law to be the legal father of a child born following treatment unless he can prove he did not consent to his wife’s treatment. A male partner, who is not married to the woman receiving treatment, is the legal father of a child born following treatment services provided for him and a woman, treated together. (Section 28 of Human Fertilisation and Embryology Act 1990)**

**HFEA centre reference number**

This is the unique number issued to each physical clinic/centre by the HFEA upon receipt of an initial licence application. The centre number **must** be included on all forms returned to the HFEA. Centre numbers should be quoted in the format of four numerics – i.e. 0000. The EDI application will automatically populate this field.

**HFEA form number**

Each Partner Registration form has a single unique number to identify it, (top right hand corner starting with the letter R). If, after submitting a form, a correction needs to be made, it is essential that the unique form number of the form being corrected or updated be quoted on any new form in section 2. Original forms using duplicate form numbers will be rejected and returned to the centre. Numbers supplied by the HFEA are unique, and it is the responsibility of the centre to ensure that where forms are generated from Electronic Patient Records systems, that form numbers are not repeated. The EDI application will automatically populate this field.

<b>Partner Registration</b>	Centre	<input type="text" value="9004"/>	Form P	<input type="text"/>
1 This form	<input type="radio"/> Is recording a new partner <input type="radio"/> Replaces all details previously registered			
This form is notifying corrections to form P	<input type="text"/>			
Form completed on	<input type="text" value="// /"/>			

**Section 1**

**This form:-**

Tick ✓ which box is applicable. If all or none of the boxes are ticked ✓, the form will be rejected and returned to the centre.

If the person is a new Partner who has never been registered at this centre before, then please tick ✓ – REGISTERING A NEW PARTNER

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	<p>If you wish to make changes or corrections to a previous partner registration form, then the number of the original form which is now being replaced must be supplied.</p>
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2 Date partner first registered at this clinic	<input style="width: 80px;" type="text"/>
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<b>Section 2</b>	<p><b>Date partner first registered at this clinic</b></p> <p>This field is mandatory.</p> <p>A Partner Registration form for the relevant patient should always be completed and submitted BEFORE a treatment is reported. Please do not send treatment forms to the HFEA unless you have sent a registration form for the patient and their partner (if they have one). Failure to do so will result in the treatment form being returned.</p>
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3 Partner number	<input style="width: 150px;" type="text"/> Donor number (if applicable) <input style="width: 150px;" type="text"/>
Previous partner number (if changed)	<input style="width: 150px;" type="text"/>
Current forename(s)	<input style="width: 300px;" type="text"/>
Current surname	<input style="width: 300px;" type="text"/>
Surname at birth (if different from current)	<input style="width: 300px;" type="text"/>
Date of birth	<input style="width: 80px;" type="text"/>
Sex	<input type="radio"/> Male <input type="radio"/> Female
Town or district of birth	<input style="width: 300px;" type="text"/>
Country of birth	<input style="width: 300px;" type="text"/>
NHS Number for UK resident (if known)	<input style="width: 150px;" type="text"/>
OR Passport/ID card number	<input style="width: 150px;" type="text"/>
Country of issue	<input style="width: 300px;" type="text"/>

<b>Section 3</b>	<p><b>Partner Number</b></p> <p>Partner numbers should remain constant for a particular person registered as a partner, and the number should always be quoted in the same format. If it is necessary to change a patient's or partner's number then this should be done in accordance with the method described in the last section of this guidance note.</p> <p>If the partner is also a donor, then a Donor Information form should be submitted for this person.</p> <p>The identification number given to a patient, partner or donor must be unique within each licensed centre. Never give the same number to two different people.</p>
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# GUIDANCE NOTES ON COMPLETING HFEA FORMS R (PATIENT) AND (P) PARTNER REGISTRATION

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	<p><b>Personal Details</b></p> <p>The following personal details for the partner should be recorded:</p> <ul style="list-style-type: none"> <li>• Current surname and forename(s) are mandatory</li> <li>• Surname at birth must be supplied if different from current.</li> <li>• Date of birth.</li> <li>• Sex (male or female)</li> <li>• Place of birth – The town and country of birth <u>must</u> be recorded as part of the identifying information for the partner.</li> <li>• NHS Number for UK residents (if known) OR</li> <li>• Their Passport/ID Card number &amp; Country of Issue for non UK residents.</li> </ul> <p>Name fields can only contain alpha characters, apostrophes and hyphens or they will be rejected.</p> <p>If the partner is a donor as well, please submit a Donor Information form with the necessary additional information.</p>
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4 Is the partner disabled	<input type="radio"/> No <input type="radio"/> Yes
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<b>Section 4</b>	<p><b>Partner disabled</b></p> <p>In line with government legislation, please tick the box if the patient's partner considers themselves, or is registered as, disabled.</p>
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5 Partner ethnic group	<input style="width: 100px;" type="text"/>
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<b>Section 5</b>	<p><b>Partner ethnic group</b></p> <p>Please select the group which most closely reflects the partner's ethnicity.</p>
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6 Cause of male infertility (more than one may apply)	<table style="width: 100%;"> <tr> <td><input type="checkbox"/> None - female infertility</td> <td><input type="checkbox"/> Azoospermia (no sperm)</td> </tr> <tr> <td><input type="checkbox"/> Oligozoospermia (low sperm count)</td> <td><input type="checkbox"/> Avoidance of genetic disorder</td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Other infertility reason</td> </tr> </table>	<input type="checkbox"/> None - female infertility	<input type="checkbox"/> Azoospermia (no sperm)	<input type="checkbox"/> Oligozoospermia (low sperm count)	<input type="checkbox"/> Avoidance of genetic disorder		<input type="checkbox"/> Other infertility reason
<input type="checkbox"/> None - female infertility	<input type="checkbox"/> Azoospermia (no sperm)						
<input type="checkbox"/> Oligozoospermia (low sperm count)	<input type="checkbox"/> Avoidance of genetic disorder						
	<input type="checkbox"/> Other infertility reason						

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<b>Section 6</b>	<p><b>Cause of male infertility/reason for treatment</b></p> <p>Please select the option which most closely reflects the partner's cause of infertility or the main reason for treatment.</p>
<p>7 This person is the current partner for female patient number <input style="width: 150px;" type="text"/></p> <p>Patient's current surname <input style="width: 250px;" type="text"/></p>	
<b>Section 7</b>	<p><b>This person is the current partner for female patient number:</b></p> <p>This section must be completed. Please enter the patient number to whom this person is a partner.</p> <p>To ensure that the correct patient ID has been supplied, please enter the surname of the <b>patient</b> as found on her registration form. If the patient ID and surname supplied do not match those on the appropriate registration form, this form will be rejected.</p>
<p>8 Last UK clinic for a partner previously registered elsewhere (if known)</p> <p style="text-align: center;"><input style="width: 200px;" type="text"/></p>	
<b>Section 8</b>	<p><b>Last UK clinic for a new partner treated elsewhere</b></p> <p>This section should be completed if the person has:</p> <ul style="list-style-type: none"> <li>Previously registered at this centre or elsewhere as a partner</li> <li>Previously donated elsewhere within the U.K. or overseas</li> </ul> <p>Please supply either the full name of the centre or its appropriate HFEA Centre number (if known).</p>
<p>9 Partner Consent</p> <p>Generic Consent for Research <input type="radio"/> No <input type="radio"/> Yes</p> <p>Consent for non-contact for research <input type="radio"/> No <input type="radio"/> Yes</p> <p>Consent for contact for research <input type="radio"/> No <input type="radio"/> Yes</p>	
<b>Section 12</b>	<p><b>Partner Consent</b></p> <p>Complete this section with details of what the patient has completed in section 4.1 and 4.2 on the 'Consent to disclosure of identifying information' Form.</p>

# GUIDANCE NOTES ON COMPLETING HFEA FORMS R (PATIENT) AND (P) PARTNER REGISTRATION

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**SAMPLE FORM - DO NOT COPY OR USE**

**Female Patient Registration** Centre  Form R

1 This form  Is registering a new patient  Replaces all details previously registered

This form is notifying corrections to form R

Form completion date

2 Date patient first registered at this clinic

**A Donor Information Form must also be submitted if the patient is an Egg Donor.**

3 Female Patient Number  Donor Number (if applicable)

Previous Patient Number (if changed)

Current forename(s)

Current surname

Surname at birth (if different from current)

Date of birth

Town or district of birth

Country of birth

NHS Number for UK resident (if known)

OR Passport/ID card number

Country of issue

4 Is the patient disabled?  No  Yes

5 Patient ethnic group

6 Has this person travelled from overseas for treatment in the UK?  No  Yes

7 This patient  Currently has a partner  Is currently without a partner - please complete a Partner Registration Form

8 Patient/Donor Previous Obstetric History

Total number of previous natural pregnancies	<input type="text"/>	Total number of natural live births	<input type="text"/>
Total number of previous IVF pregnancies	<input type="text"/>	Total number of IVF live births	<input type="text"/>
Total number of previous DI pregnancies	<input type="text"/>	Total number of DI live births	<input type="text"/>

9 Duration of infertility (years)

10 Cause for infertility/reason for treatment (more than one may apply)

<input type="checkbox"/> Tubal Disorders	<input type="checkbox"/> Endometriosis	<input type="checkbox"/> Uterine problems	<input type="checkbox"/> Menopausal
<input type="checkbox"/> Ovulatory disorder (inc.PCO)	<input type="checkbox"/> Ovarian failure	<input type="checkbox"/> Avoidance of genetic disorder	
<input type="checkbox"/> No male partner	<input type="checkbox"/> Male factor	<input type="checkbox"/> Unexplained	<input type="checkbox"/> Other

11 Last UK clinic for a new patient/donor treated elsewhere (if known)

12 Patient Consent

Generic Consent for Research  No  Yes

Consent for non-contact research  No  Yes

Consent for contact research  No  Yes

HFEA: Female Patient Registration Form V2 (59) - 1 Oct 2007

# GUIDANCE NOTES ON COMPLETING HFEA FORMS R (PATIENT) AND (P) PARTNER REGISTRATION

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**SAMPLE FORM - DO NOT COPY OR USE**

**Partner Registration** Centre  Form P

1 This form  Is recording a new partner  Replaces all details previously registered

This form is notifying corrections to form P

Form completed on

2 Date partner first registered at this clinic

**A Donor Information Form must also be submitted for Sperm Donors**

3 Partner number  Donor number (if applicable)

Previous partner number (if changed)

Current forename(s)

Current surname

Surname at birth (if different from current)

Date of birth

Sex  Male  Female

Town or district of birth

Country of birth

NHS Number for UK resident (if known)

OR Passport/ID card number

Country of issue

4 Is the partner disabled  No  Yes

5 Partner ethnic group

6 Cause of male infertility (more than one may apply)

None - female infertility  Azoospermia (no sperm)

Oligozoospermia (low sperm count)  Avoidance of genetic disorder  Other infertility reason

7 This person is the current partner for female patient number

Patient's current surname

8 Last UK clinic for a partner previously registered elsewhere (if known)

9 Partner Consent

Generic Consent for Research  No  Yes

Consent for non-contact research  No  Yes

Consent for contact research  No  Yes

HFEA: Partner Registration Form V2 (60) - 1 Oct 2007

# GUIDANCE NOTES ON COMPLETING HFEA FORMS R (PATIENT) AND (P) PARTNER REGISTRATION

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## Appendix 1 – National Ethnicity codes

<b>WHITE</b>		<b>Category includes</b>
A	White British	English, Scottish, Welsh, Cornish
B	White Irish	
C	Any other White background	Former USSR, Baltic States, Former Yugoslavia, Other European, White South African, American, Australian, New Zealander, Mixed White
CF	Greek	
CG	Greek Cypriot	
CH	Turkish	
CI	Mediterranean	Italian, Portuguese and Spanish
CJ	Turkish Cypriot	
CN	Jewish	
CY	Other White European	
<b>MIXED</b>		
D	White & Black Caribbean	
E	White & Black African	
F	White & Asian	
G	Any other mixed background	
<b>ASIAN OR ASIAN BRITISH</b>		
H	Indian	British Indian, Punjabi
J	Pakistani	British Pakistani, Kashmiri
K	Bangladeshi	British Bangladeshi
L	Any other Asian background	British Asian, East African Asian, Sri Lankan, Tamil, Sinhalese, Caribbean Asian, Nepalese, Mixed Asian
<b>BLACK OR BLACK BRITISH</b>		
M	Black Caribbean	Caribbean, West Indian islands (and also Guyana) apart from Puerto Rican, Dominican and Cuban, which are Latin America
N	Black African	Nigerian, Kenyan, Black South African, Other Black African Countries
P	Other Black background	Black American, Mixed Black
PA	Somali	
PE	Black British	
<b>OTHER ETHNIC GROUPS</b>		
R	Chinese	Hong Kong
S	Any other ethnicity	Japanese, Filipino, Malaysian, Aborigine, Afghani, Burmese, Fijian, Inuit, Maori, Native American Indian, Thai, Tongan, Samoan, Buddhist, Hindu, Iranian, Israeli, Kurdish, Latin American (inc. Cuban, Puerto Rican, Dominican, Hispanic), Moroccan, Multi Ethnic Islands (inc. Seychellois, Maldivian, St. Helena), Muslim, Other Middle Eastern (inc. Iraqi, Lebanese, Yemeni), Other North African, Sikh, South American (inc. Central America)
SA	Africa – colour not defined	
SB	Middle East	
SC	Arab	
SD	Vietnamese	
Z	Not stated	