



# GENETICS LABORATORIES TEST REQUEST

Please note this section of the referral card is for your reference, and is not required to be sent as part of the referring documentation.

DO NOT FIX OR FREEZE SPECIMENS. WHERE APPROPRIATE, KEEP IN A REFRIGERATOR OVERNIGHT OR AT THE WEEKEND. SEND SAMPLES AT ROOM TEMPERATURE IN APPROPRIATE PACKAGING BY 1<sup>st</sup> CLASS POST OR INTERNAL COURIER.

## SAMPLE REQUIREMENTS

(Lithium heparin bottles have the GREEN or ORANGE top and EDTA bottles have PINK or PURPLE tops)

### Molecular Genetic (gene based) Testing

**BLOOD SAMPLE – EDTA** 3mls adults; 1-2ml from young children. In EDTA blood collection tube – MIX WELL and store at 4°C. DO NOT FREEZE

**SALIVA SAMPLE** – Saliva is a useful alternative to blood samples for certain tests. Samples must be collected in an approved kit (please contact the laboratory for further information)

**OTHER TISSUE** – By arrangement with the laboratory.

### Cytogenetic (chromosome based) Testing

**Postnatal blood Referrals:** 1-2 ml for new born infants, 5 ml for older children and Adults

For Karyotype / FISH analysis: **LITHIUM HEPARIN** collection tubes – MIX WELL and store at 4°C. DO NOT FREEZE

For Microarray analysis: **EDTA** collection tubes – MIX WELL and store at 4°C. DO NOT FREEZE

**Amniotic Fluid samples:** Karyotype or microarray analysis: 15-20 ml in a sterile container.

**Chorionic Villus samples (CVS):** Send in **transport media**, provided by the laboratory on request.

Karyotype analysis only: 7-10 mg. Karyotype & single gene testing: 10-15 mg. Microarray analysis: 20mg.

For Biochemical assays: >20mg.

**Solid Tissues samples:** send in **transport media**, provided by the laboratory on request.

If solid tissue transport media unavailable please send in STERILE SALINE solution.

**\*\* Formaldehyde or any fixative solution is unsuitable where culturing is required\*\***

### Oncology Cytogenetic Referrals:

**Bone Marrow samples** 1-2- ml of aspirate in 5ml **transport media**, provided by the laboratory on request.

If no transport media available please send in **LITHIUM HEPARIN** tubes.

**Blood samples for CLL, CML referrals:** in **EDTA** or **LITHIUM HEPARIN** tubes.

**Lymph Nodes**, send in **transport media**, provided by the laboratory on request.

**Formalin fixed Paraffin Embedded Tissue (FFPEs)** , 4-5 microns (with H&E slide, clearly highlighting area of interest)

Touch Preps.

## Consent

**It is the responsibility of the referring clinician to ensure that consent has been obtained for the tests requested.**

The laboratory stores any remaining DNA/RNA and fixed cell suspensions (6 months) on all samples received for the following purposes: Audit, Education & Training and Quality Assurance.

Consent is not required for these purposes but it is good practice to make the patient aware of this Policy.

Please contact the laboratory if you wish to discuss this policy further.

**For a more in depth information regarding referrals and reporting times please visit the genetics service website:**

[http://www.liverpoolwomens.nhs.uk/Health\\_Professionals/Genetic\\_Laboratory\\_Services.aspx](http://www.liverpoolwomens.nhs.uk/Health_Professionals/Genetic_Laboratory_Services.aspx)

**For information on how to package samples for safe transportation please look at the following website:**

[https://www.liverpoolwomens.nhs.uk/media/3261/genetics\\_laboratory\\_user\\_leaflet.pdf](https://www.liverpoolwomens.nhs.uk/media/3261/genetics_laboratory_user_leaflet.pdf)