



North West
NHS Genomic Laboratory Hub

R454 Mavacamten *CYP2C19* Test Request Form

North West Genomic Laboratory Hub (Liverpool)

(DOC6602 Revision 3)

Lab use only
Lab sticker:

Patient Details – use sticker if available but please add any missing information

Referring Clinician/Healthcare Professional

NHS No:		D.O.B.:		Consultant/GP: (in full)	
Surname:		Hospital Number:		Contact E-mail:	
Forename:		NHS/ Private		Hospital/Surgery: (in full)	
Patient's Address:		Biological Sex:		Department:	
Postcode:		Gender Identity:		Requested by/ Cc. Report to:	
		Ethnicity:			

Consent Statement: Receipt of this form and sample(s) by the laboratory assumes that the clinician has obtained consent for genomic testing and for the use of the DNA/RNA sample(s) and/or test result(s) by healthcare professionals in the UK.

R454 Mavacamten *CYP2C19* testing required

Clinical Details

Sample Type: *EDTA blood* (minimum 3mls adults; 1-2ml from young children – see overleaf)

High Infection Risk? Yes No

Sample Date:

Taken by:

Does this patient have a blood-borne infection? If yes PLEASE STATE:

Send samples to NWGLH – Liverpool site:

North West Genomic Laboratory Hub – Liverpool site
Sample Reception (2nd Floor)
Liverpool Women's Hospital
Crown Street
Liverpool
L8 7SS

Tel: 0151 702 4228 / 4229

mft.genomics@nhs.net

<https://mft.nhs.uk/nwglh/>

Laboratory Opening Hours: 09:00 – 17:00, Monday to Friday

Patient Details

The following details are mandatory, other details should be completed as fully as possible:

- **Surname & Forename**
- **D.O.B** – Date of Birth
- **NHS Number** (10 digits)
- Patient's **Biological Sex**
- Patient's **Postcode**

Please ensure a minimum of 3 matching identifiers on tubes and form.

Referring Clinician/Healthcare Professional

The following details are mandatory:

- **Consultant/GP name:** initials are not acceptable as the laboratory cannot identify the clinician/healthcare professional. A minimum of first initials and surname must be provided.
- **Hospital** should be clearly identifiable; initials are not acceptable as the laboratory cannot identify the hospital. Trusts with more than one hospital should clearly identify the referring hospital.
- **Department** should be clearly identifiable; initials are not acceptable as the laboratory cannot identify the department.

Requested by/Cc. Report to: Use this space if the healthcare professional requesting the test/requiring a report copy is not the patient's Consultant.

Specimen Details

High Infection Risk: In accordance with the Health & Safety at Work Act and COSHH Regulations, the laboratory must be informed of any infection risk associated with submitted samples. The sender has the responsibility for minimising the risk to laboratory staff by giving sufficient information to enable the laboratory to take appropriate safety precautions when testing a specimen.

Sample Type: EDTA peripheral blood can be sent for all tests

Sample Volume: 3mls adults; 1-2ml from young children.– MIX WELL and store at 4°C.

Sample Packaging: The sample container should be sealed in a biohazard bag in case of a leakage. To prevent contamination of referral form and paperwork this should not be sealed with the sample. All packaging should conform to UN650 standards (as applied to UN3373 – Biological Samples, Category B).

This area is for Lab use only