
		Rare Disease DNA Methylation Array Request R431 <small>(DOC5741 revision 4)</small>		Lab use only Lab No:	
Patient Details				Referring Clinician/Healthcare Professional	
NHS No*:		D.O.B.*:		Consultant*: (in full)	
Surname*:		Forename*:		E-mail/Tel*:	
Patient's Address:		Biological Sex*:		Hospital/Surgery*: (in full)	
		Ethnicity:		Department*:	
Postcode*:		Hospital No:		Requested by/ Cc. Report to:	
Test Details*				Specimen Details (EDTA Blood (1-4ml) or DNA from peripheral blood)	
<p>-Current list of genes and disorders detected by this test can be found at https://mft.nhs.uk/nwglh/test-information/rare-disease/whole-genome-methylation-profiling-rd/</p> <p>-<i>DMNT1</i> is not automatically included in the analysis due to the risk of incidental findings. If <i>DMNT1</i> is clinically relevant in this case please tick the box to include.</p> <p><input type="checkbox"/> DNA Methylation Array <input type="checkbox"/> Include <i>DMNT1</i> in analysis</p>				High Infection risk? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				Sample Type*: <input type="checkbox"/> Blood <input type="checkbox"/> DNA extracted from blood	
				Sample Date*:	
				Taken By: Sample Ref:	
				Further Details:	
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 sample(s) and/or test result(s) by healthcare professionals in the UK for family testing and quality control purposes.					
Details of variants of interest. Please include a copy of the original genomic report, including ACGS/ACMG classification criteria.					
Clinically suspected diagnosis. Please provide OMIM disease ID.					
Clinical Details. Clinical information can inform the interpretation of the test. Images and additional information may be sent to mft.epipro.nwglh-lab@nhs.net .					
Once taken, samples should be sent to the Manchester Genomics Laboratory					
 https://mft.nhs.uk/nwglh/ Laboratory Opening Hours: 09:00 – 17:00, Monday to Friday Questions or additional information: mft.epipro.nwglh-lab@nhs.net				North West Genomic Laboratory Hub – Manchester Site Manchester Centre for Genomic Medicine Sample Reception (6th Floor), St Mary's Hospital Oxford Road, Manchester M13 9WL Tel: 0161 276 6122 Email: mft.genomics@nhs.net	
Fields marked * are mandatory					

Guidance Notes – Genomic Testing Request Form – DNA Methylation Array Service

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.

If sending this form or additional clinical information via email please remember only to use secure nhs.net to nhs.net addresses.

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.

Other details should be completed as fully as possible:

- **E-mail/Tel;** without an email/telephone number, urgent results cannot be given. Reports will be issued via nhs.net email. Where this is not possible reports will be issued via first class post

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

Sample Requirements: Samples must be peripheral blood in EDTA or DNA extracted from peripheral blood. Samples in LiHep cannot be accepted.

- **For peripheral blood in EDTA** 1-4mls is required.
- **For DNA from peripheral blood** a minimum amount of 1µg of DNA at 25ng/µl is required. No additional quality checks will be performed on DNA samples. It is the responsibility of the referring party to ensure DNA quality is sufficient for microarray.

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).

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.

Factors known to affect the performance of the examination/interpretation of the results: If this patient has had a bone marrow transplant/blood transfusion please contact the laboratory to discuss testing options prior to sending a sample.

This area is for Lab use only