



9322



GENETICS LABORATORIES TEST REQUEST

Please PRINT clearly in black ball point pen as this form will be scanned



North West

NHS Genomic Laboratory Hub

Surname:		Date of Birth:	Genetics Laboratory ID:	
First name:		Birth Gender:	FOR GENETICS	
NHS number:		Hospital No:		
Hospital:		G Number:	LABORATORY	
Home Address:		NHS <input type="checkbox"/> Private <input type="checkbox"/>	USE ONLY	
		Postcode:		
Referring clinician: (PRINT SURNAME)		Signature:	First sample review:	
Dept / Surgery:		Contact Tel number:	Sample collection:	
E-mail address:		Fax No:	Time:	Signature:
			Date:	

TEST REQUIRED (see overleaf for sample requirements)		SAMPLE TYPE	
<input type="checkbox"/> DNA Storage EDTA	<input type="checkbox"/> FISH	<input type="checkbox"/> Amniotic Fluid (AF)	<input type="checkbox"/> Blood EDTA
<input type="checkbox"/> Microarray EDTA	<input type="checkbox"/> Karyotyping	<input type="checkbox"/> Blood Lith Hep	<input type="checkbox"/> Bone Marrow
<input type="checkbox"/> Gene/panel test EDTA	<input type="checkbox"/> Fixed cell Storage Lith Hep	<input type="checkbox"/> Buccal Scrape/Saliva sample	<input type="checkbox"/> Solid Tumour
<u>Please Specify below</u>		<input type="checkbox"/> Chorionic Villus Sample (CVS)	<input type="checkbox"/> Urine
REASON FOR GENE/PANEL TEST		<input type="checkbox"/> Solid Tissue (specify origin)	
<input type="checkbox"/> Mutation Screen / Diagnostic Test		<input type="checkbox"/> Other	
<input type="checkbox"/> Predictive Test (asymptomatic)		HIGH RISK SAMPLES:	
<input type="checkbox"/> Carrier Test (recessive disorder)		If a specimen is known to present an infection hazard it must be clearly labeled 'DANGER OF INFECTION' and the infection hazard stated	
<input type="checkbox"/> Family studies		VIRAL HEPATITIS B	YES NO
<input type="checkbox"/> Other.....		OTHER HIGH RISK INFECTION	YES NO
		Please Specify:.....	

Disease / Clinical Details - Please give clinical details and full family history (if any). If pregnant please indicate gestation in section below.	CONTACT INFORMATION Tel: 0151 702 4228 / 4229 Fax: 0151 702 4230 www.liverpoolwomens.nhs.uk generic email: (monitored daily) dna.liverpool@nhs.net Oncology section specific email: mft.genetics-oncology@nhs.net
	PLEASE DELIVER TO: North West Genomic Laboratory Hub (LIVERPOOL) Manchester Centre for Genomic Medicine, Liverpool Women's Hospital, Crown Street, Liverpool, L8 7SS

Consent to store (see overleaf) Please tick if patient does NOT want any remaining DNA/RNA or fixed cell suspensions stored in the laboratory <input type="checkbox"/>	GRAVIDA: PARA: Age by Scan: Partner name:	L.M.P.: Partner DOB:
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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 1st 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

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