

Appendix 1

DPYD Testing - Sample Collection Pack

Sample type:

5ml peripheral blood collected into an EDTA tube (pink/purple lid)

Sample collection and referral forms:

Please note that samples that are unlabelled, poorly labelled or illegible will not be processed by the laboratory.

It is the responsibility of the healthcare professional who is supervising sample collection to ensure that patient's sample is collected into an appropriately labelled tube. The tube label should include **3 sufficient identifiers** to uniquely identify the sample. Identifiers would normally include surname, forename and date of birth, but should also include the NHS number where this is available.

All samples should be accompanied by a referral form that includes the patient's demographic information, the clinician's details, the reason for referral and the specific test that is being requested. It is also important that the referral card includes information about the person to whom the results are to be reported to. *Please see enclosed examples of how to complete the NW GLH referral forms*

A local procedure should be in place to ensure that the information on the referral form matches the demographic information on the specimen tube. Please note that the laboratory cannot normally process specimens where this information is mismatched due to risks that this poses to patient safety.

Local procedures should be in place to ensure the safety of the staff and patient during sample collection.

'High-risk' samples:

The person sending the sample to the laboratory has a legal responsibility to inform the laboratory staff if the sample poses a high risk to other health professionals. This would normally take the form of a 'high-risk specimen' sticker which is applied to the referral form and tube along with an indication on the referral form about the nature of the risk (e.g. Hepatitis C positive).

Please note that special care should be taken for the packaging and transportation of these high-risk samples and depending on the risk they may require different arrangements. Please consult the following document for more details: <http://www.hse.gov.uk/biosafety/biologagents.pdf>

Packaging:

Please note that this information is a short summary. More detailed information is available from the Health & Safety Executive and available here: <http://www.hse.gov.uk/biosafety/biologagents.pdf>

Patient specimens are classified as Category A or B depending on the pathogen they either are known to contain, or potentially contain. There are much stricter regulations concerning packaging, training and security that apply to Category “A” material however this category mainly applies to infectious substances capable of causing disease in humans or animals and since it is unlikely that any Category A packages will be sent into the lab directly they will not be covered in this summary.

Everything that is not Category A is Category B. The correct shipping name for Category B is Biological Material, Category B, the identification number is “UN 3373” and the material must be packaged in compliance with Packing Instruction 650.

The package labelling must include:

- The UN 3373 hazard diamond and a “Biological Material, Category B” label on the outer package.
- Rolls of “stick on” combination UN 3373 diamond/ “Biological Material, Category B” labels are available from specialist label suppliers.
- The name and address of both the sender and receiving centre.
- The name and telephone number of a “Responsible Person” who is familiar with the contents and the hazards it may pose is required either on the waybill if a courier is used, or on the package itself.

Packing Instruction 650 outlines the labelling and testing requirements for packing used in the transportation of Biological Material, Category “B”.

In practice, the package should include:

- Primary receptacle that is leak-proof and contains no more than 1L or 1 Kg of specimen including fixative or transport media if being sent by road (50 ml/50 mg by post).
- Layer of absorbent material sufficient to absorb the entire volume of any liquid contents in the package.
- Secondary packaging that is leak-proof with a maximum content of 4 L/4 Kg per outer packaging if sent by road (50 ml/50 mg by post).

- Itemized list of contents between the secondary packaging and outer packaging
- Rigid outer packaging with at least one side 100mm X 100mm.

Transportation

Please send samples to:

North West Genomics Laboratory Hub (Liverpool),
Liverpool Women's NHS Foundation Trust,
Crown St,
Liverpool,
L8 7SS.

Please note that our laboratory working hours are Monday to Friday 9-5:30.

For further information regarding sending samples please see our website:
http://www.liverpoolwomens.nhs.uk/Health_Professionals/Molecular_Genetics.aspx

Or phone 0151 702 4228/ 4229.



GENETICS LABORATORIES TEST REQUEST

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



North West

NHS Genomic Laboratory Hub

9322

Surname: Bloggs		Date of Birth: 01/01/1900		Genetics Laboratory ID: FOR GENETICS	
First name: Joe		Birth Gender: Male			
NHS number: 111-222-3333		Hospital No: 12345ABC		Date/time received: LABORATORY	
Hospital: Christie/Preston/Clatterbridge		G Number:			
Home Address: Complete with patient address		NHS <input checked="" type="checkbox"/> Private <input type="checkbox"/>		Sample type/volume: USE ONLY	
		Postcode:			
Referring clinician: (PRINT SURNAME) DR. Name		Signature: <i>Dr. Name</i>		First sample review:	
Dept / Surgery:		Contact Tel number:		Sample collection:	
E-mail address: Email that report is to be sent to		Fax No:		Time: 12.00 Date: 01/06/2020 Signature: Of staff member taking sample	
TEST REQUIRED (see overleaf for sample requirements)			SAMPLE TYPE		
<input type="checkbox"/> DNA Storage EDTA <input type="checkbox"/> Microarray EDTA <input checked="" type="checkbox"/> Gene/panel test EDTA Please Specify below		<input type="checkbox"/> FISH <input type="checkbox"/> Karyotyping <input type="checkbox"/> Fixed cell Storage Lith Hep		<input type="checkbox"/> Amniotic Fluid (AF) <input checked="" type="checkbox"/> Blood EDTA <input type="checkbox"/> Blood Lith Hep <input type="checkbox"/> Bone Marrow <input type="checkbox"/> Buccal Scrape/Saliva sample <input type="checkbox"/> Solid Tumour <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"/> Other		
<input checked="" type="checkbox"/> Mutation Screen / Diagnostic Test <input type="checkbox"/> Predictive Test (asymptomatic) <input type="checkbox"/> Carrier Test (recessive disorder) <input type="checkbox"/> Family studies <input type="checkbox"/> Other.....			HIGH RISK SAMPLES: If a specimen is known to present an infection hazard it must be clearly labeled 'DANGER OF INFECTION' and the infection hazard stated VIRAL HEPATITIS B YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> OTHER HIGH RISK INFECTION YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Please Specify:.....Or complete with relevant info....		
Disease / Clinical Details - Please give clinical details and full family history (if any). If pregnant please indicate gestation in section below. For DPYD testing 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"/>				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	
GRAVIDA:.....		PARA:.....		L.M.P:.....	
Age by Scan:.....		Partner name:.....		Partner DOB:.....	

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 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

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