Liverpool Women's NHS Foundation Trust
Dedicated to you

NHS

CPA
Accredited Medical Laboratory
Reference No: 2048

Caution
Biological hazard

GENETICS LABORATORIES TEST REQUEST

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

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

TEST REQUIRED (see overleaf for sample requirements)

- € DNA Storage **EDTA**
- € Microarray **EDTA**
- € Gene/panel test **EDTA** Please Specify below **
- € FISH
- € Karyotyping
- € Fixed cell Storage **Lith Hep**

SAMPLE TYPE

- € Amniotic Fluid (AF)
- € Blood **Lith Hep**
- € Buccal Scrape/Saliva sample
- € Chorionic Villus Sample (CVS)
- € Blood **EDTA**
- € Bone Marrow
- € Solid Tumour
- € Urine
- € Solid Tissue (specify origin) .....
- € Other .....

REASON FOR GENE/PANEL TEST

- € Mutation Screen / Diagnostic Test
- € Predictive Test (asymptomatic)
- € Carrier Test (recessive disorder)
- € Family studies
- € 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**	**NO**
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.**

Consent to store (see overleaf)
Please tick if patient does **NOT** want any remaining DNA/RNA or fixed cell suspensions stored in the laboratory ☐

CONTACT INFORMATION
Tel: 0151 702 4228 / 4229
Fax: 0151 702 4230
www.liverpoolwomens.nhs.uk

generic email: (monitored daily)
dna.liverpool@nhs.net

section specific email:
cytogenetics.oncology@lwh.nhs.uk
cytogenetics.postnatal@lwh.nhs.uk
cytogenetics.prenatal@lwh.nhs.uk

PLEASE DELIVER TO:
Regional Genetics Laboratories,
Liverpool Women's Hospital,
Crown Street,
Liverpool, L8 7SS

GRAVIDA:..... **PARA:**..... **L.M.P:**.....
Age by Scan:..... **Partner name:**..... **Partner DOB**:.....

NB Illegible request forms, or inadequately labeled containers, may delay processing

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:
http://www.liverpoolwomens.nhs.uk/Library/health_professionals/Genetics/Sample_Packaging_and_Transportation_Guide.pdf