UKAS MEDICAL 9322

Liverpool Women's NHS
NHS Foundation Trust

# GENETICS LABORATORIES TEST REQUEST

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

Caution Biological hazard

| | | |
|---|---|---|
| **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) | | SAMPLE TYPE | |
|---|---|---|---|
| ☐ DNA Storage **EDTA** | ☐ FISH | ☐ Amniotic Fluid (AF) | ☐ Blood **EDTA** |
| ☐ Microarray **EDTA** | ☐ Karyotyping | ☐ Blood **Lith Hep** | ☐ Bone Marrow |
| ☐ Gene/panel test **EDTA** Please Specify below ** | ☐ Fixed cell Storage **Lith Hep** | ☐ Buccal Scrape/Saliva sample | ☐ Solid Tumour |
| | | ☐ Chorionic Villus Sample (CVS ) | ☐ 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**

Liverpool Women's NHS Foundation Trust *Dedicated to you*

# 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