



Please note that samples received with incomplete forms will not be tested

SURNAME:		FIRST NAME:		LAB REF:	
DATE OF BIRTH:		NHS NUMBER:		Date received (Lab)	
SEX		GENETICS /HOSPITAL NO		DATE/TIME COLLECTED	
PATIENT ADDRESS & POSTCODE				SAMPLE TAKEN BY:	
				REFERRING CONSULTANT (Full name required)	
GP NAME & ADDRESS		NHS	PRIVATE	DEPARTMENT (required)	
NHS.NET EMAIL / CLINIC CONTACT NUMBER				SUBMITTER ID (GOSH Link)	
Hospital (required)					

### PRENATAL TESTS (Amniotic Fluid/Chorionic Villus Biopsy/Fetal blood)

NHS patients will routinely be tested in line with NHS England and JCGM prenatal testing guidelines.

- QF-PCR ONLY
- QF-PCR + MICROARRAY – please give details of scan anomalies below
- QF-PCR + TESTING FOR FAMILIAL GENETIC VARIANT- please give details
- QF-PCR + NON-FAMILIAL GENETIC TESTING– please discuss with laboratory before sampling.

Down's screen risk	Gestation at sampling	Size of NT	Gestation at NT measurement
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**REASON FOR REFERRAL** - ultrasound anomalies/previous genetic investigations in family.

### SOLID TISSUE TESTS (Pregnancy/Fetal Loss)

- third or subsequent consecutive miscarriage
- fetal loss with fetal anomalies present – please give details above
- unexplained pregnancy loss after 16 weeks gestation or stillbirth

Note: for any other referral reason please indicate funding source

**SOURCE OF SAMPLE:**

**SEX (IF KNOWN):**

If products of conception or a placental sample need to be returned for sensitive disposal please ensure that this is clearly indicated on the referral form and that an appropriate consent form is attached.  
 Samples containing fetal tissue will be returned for sensitive disposal. Any samples not returned will undergo dignified disposal organised by the laboratory.

In submitting the sample the clinician confirms that consent for testing and DNA storage has been obtained.  
 Please use the alternative request form (available on our website – see overleaf) for postnatal referrals

# INSTRUCTIONS:

Specimen	Quantity	Container and Actions Required	To arrive in lab
Amniotic fluid	15-20ml*	Universal container Email/ Fax laboratory specimen is being sent	Same day, by 5pm
Chorionic villus biopsy	15-20mg*	Universal container containing 0.9% w/v heparinised saline Email/ Fax laboratory specimen is being sent	Same day, by 5pm
Skin biopsy (live patient)	Skin punch 2mm <sup>3</sup> , full thickness	Universal container. Send in sterile 0.9% saline if possible, dry if not. Email/ Fax laboratory specimen is being sent	Same day, by 5pm
Fetuses	N/A	<b>Fetuses (24+ week gestation by date or scan) will not be accepted by this laboratory</b>	N/A
Fetal skin biopsy (post-termination/post-mortem)	1cm <sup>3</sup> skin biopsy, full thickness	Universal container. Send dry if possible but in sterile 0.9% saline if delay anticipated	Same day
Products of conception (cord/chorionic villi/cord/foetal tissue)	N/A	Universal container. Send dry if possible but in sterile 0.9% saline if delay anticipated	Same day
Placental biopsy at cord insertion site	1cm <sup>3</sup> with chorionic villi or placental membrane	Universal container. Send dry if possible but in sterile 0.9% saline if delay anticipated	Same day
Fetal blood samples or Cordocentesis samples from ongoing pregnancies with multiple congenital abnormalities (MCAs) and from TOPs with MCAs or IUDs	0.25-2ml	Send in an EDTA blood tube. N.B. a maternal blood sample (2ml in an EDTA blood tube) should be sent if the sample was obtained in utero.	Same day

\*Testing may be compromised if a sub-optimal sample is received and may result in a delayed or failed result.

Please email patient details of any pre-booked prenatal sample or skin biopsy for testing (details below).

Samples can be stored and sent at room temperature on the same day, or stored in a fridge overnight. Small samples such as skin biopsies should be placed in sterile saline if being sent the following day.

### Sample must be labelled with:

- Patient's full name (surname and given name)
- Date of birth and NHS number
- Referring Hospital Number
- Referring Hospital and full name of referring Clinician (not initials).
- It is desirable to have the date and time sample was taken

### Samples MUST BE PACKAGED ACCORDING TO UN PACKING REQUIREMENT 602 and be sent to the following address:

Rare & Inherited Disease Laboratory  
Specimen Reception  
Level 5, Barclay House  
Great Ormond Street Hospital  
37 Queen Square  
London WC1N 3BH  
Tel: 020 7829 8870 Email: genetics.labs@gosh.nhs.uk or gosh.geneticslab@nhs.net

For details of all referral criteria and policies please see our website: [www.labs.gosh.nhs.uk/laboratory-services/genetics](http://www.labs.gosh.nhs.uk/laboratory-services/genetics)

**For Lab Use Only**