PRENATAL/TISSUE CYTOGENETIC TEST REQUEST FORM

<table>
<thead>
<tr>
<th>SURNAME:</th>
<th>FIRST NAME:</th>
<th>LAB REF:</th>
</tr>
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<tbody>
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<table>
<thead>
<tr>
<th>DATE OF BIRTH:</th>
<th>NHS NUMBER:</th>
<th></th>
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<table>
<thead>
<tr>
<th>SEX</th>
<th>GENETICS /HOSPITAL NO</th>
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PATIENT ADDRESS & POSTCODE

GP NAME & ADDRESS

NHS / PRIVATE

REFERRING CONSULTANT

ADDRESS FOR REPORT

CONTACT NUMBER

PRENATAL TESTS

- [ ] CVS
- [ ] AMNIOTIC FLUID
- [ ] QF-PCR ONLY
- [ ] QF-PCR + KARYOTYPE

NHS prenatal testing policy is based on how a patient is funded

- [ ] Down’s screen risk
- [ ] Gestation at sampling
- [ ] Size of NT
- [ ] Gestation at NT measurement

SOLID TISSUE TESTS (Pregnancy Loss)

TYPE OF SAMPLE:

SEX (IF KNOWN): MALE/FEMALE

If products of conception or a fetal/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

SOLID TISSUES (Live Patient)

- [ ] KAROTYPING
- [ ] MOSAICISM SCREEN (please provide reasons above)
- [ ] DNA STORAGE

In submitting the sample the clinician confirms that consent for testing and possible storage has been obtained. Please use the alternative request form (available on website) for postnatal or molecular prenatal referrals.
INSTRUCTIONS:
The sample tube and referral card must have three matching identifiers to be accepted.
Sample must be labelled with:
• Patient’s full name (surname and given name)
• Date of birth and NHS number
• Referring Hospital Number
• It is desirable to have the date and time sample was taken and/or location

NOTE: Samples in glass bottles will not be accepted
UNLABELLED Samples will not be accepted
MISLABELLED Samples may result in delay

<table>
<thead>
<tr>
<th>Specimen</th>
<th>Quantity</th>
<th>Container</th>
<th>Must be received in lab</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amniotic fluid</td>
<td>20ml</td>
<td>Universal container</td>
<td>Same day, by 3pm</td>
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<tr>
<td>Chorionic villus biopsy</td>
<td>10-50mg</td>
<td>Universal container containing 0.9% w/v heparinised saline</td>
<td>Same day, by 3pm</td>
</tr>
<tr>
<td>Skin biopsy (live patient)</td>
<td>Skin punch 2mm², full thickness</td>
<td>Contact laboratory secretary (020 7829 8870) for specimen container and transport medium</td>
<td>Same day, by 3pm</td>
</tr>
<tr>
<td>Fetal skin biopsy (post-termination/post-mortem)</td>
<td>1cm² skin biopsy, full thickness</td>
<td>Universal container. Send dry if possible but in sterile 0.9% saline if delay anticipated</td>
<td>Same day</td>
</tr>
<tr>
<td>Products of conception</td>
<td>With chorionic villi or fetal tissues if identifiable</td>
<td>Universal container. Send dry if possible but in sterile 0.9% saline if delay anticipated</td>
<td>Same day</td>
</tr>
<tr>
<td>Placental biopsy at cord insertion site</td>
<td>1cm² with chorionic villi or placental membrane</td>
<td>Universal container. Send dry if possible but in sterile 0.9% saline if delay anticipated</td>
<td>Same day</td>
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SAMPLES MUST BE PACKAGED ACCORDING WITH UN PACKING REQUIREMENT PI 650 and clearly labelled ‘diagnostic specimen UN3373.’

Send samples by courier to this address:
Specimen Reception
Level 5, York House
Great Ormond Street Hospital
37 Queen Square
London WC1N 3BH
Tel: 020 729 8870 Fax: 020 7813 8578

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

For Lab Use Only