



NE Thames Regional Genetics Service Laboratory

PRENATAL/TISSUE CYTOGENETIC TEST REQUEST FORM

SURNAME:	FIRST NAME:	LAB REF:	
DATE OF BIRTH:	NHS NUMBER:	DATE/TIME COLLECTED:	
SEX	GENETICS /HOSPITAL NO	NAME OF PERSON TAKING SAMPLE (In capitals please):	
PATIENT ADDRESS & POSTCODE		DATE / TIME RECEIVED (LAB):	
GP NAME & ADDRESS		REASON FOR REFERRAL Please give clinical details, including previous genetic investigations	
REFERRING CONSULTANT			
ADDRESS FOR REPORT	CONTACT NUMBER	NHS / PRIVATE	

PRENATAL TESTS

CVS
 QF-PCR ONLY

AMNIOTIC FLUID
 QF-PCR + MICROARRAY or KARYOTYPE

NHS patients will routinely be tested in line with NHS (London Region) prenatal testing policy. Microarray or karyotyping will be actioned in addition to QF-PCR testing in line with this policy, dependent upon the clinical details provided and the QF-PCR results obtained

Down's screen risk

Gestation at sampling

Size of NT

Gestation at NT measurement

<h3 style="margin: 0;">SOLID TISSUE TESTS (Pregnancy Loss)</h3> <p style="margin: 5px 0;"><input type="checkbox"/> MLPA and QF-PCR</p> <p style="margin: 5px 0;">TYPE OF SAMPLE:</p> <p style="margin: 5px 0;">SEX (IF KNOWN): MALE/FEMALE</p> <p style="font-size: small; margin: 5px 0;"> 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 </p>	<h3 style="margin: 0;">SOLID TISSUES (Live Patient)</h3> <p style="margin: 5px 0;"><input type="checkbox"/> KAROTYPING</p> <p style="margin: 5px 0;"><input type="checkbox"/> MOSAICISM SCREEN (please provide reasons above)</p> <p style="margin: 5px 0;"><input type="checkbox"/> DNA STORAGE</p>
---	---

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 our website – see overleaf) for postnatal or molecular prenatal referrals

INSTRUCTIONS:

Specimen	Quantity	Container	Must be received in lab
Amniotic fluid	20ml*	Universal container	Same day, by 5pm
Chorionic villus biopsy	14-50mg*	Universal container containing 0.9% w/v heparinised saline	Same day, by 3pm
Skin biopsy (live patient)	Skin punch 2mm ³ , full thickness	Contact laboratory secretary (020 7829 8870) for specimen container and transport medium	Same day, by 3pm
Fetal skin biopsy (post-termination/post-mortem)	1cm ³ skin biopsy, full thickness	Universal container. Send dry if possible but in sterile 0.9% saline if delay anticipated	Same day
Products of conception	With chorionic villi or fetal tissues if identifiable	Universal container. Send dry if possible but in sterile 0.9% saline if delay anticipated	Same day
Placental biopsy at cord insertion site	1cm ³ with chorionic villi or placental membrane	Universal container. Send dry if possible but in sterile 0.9% saline if delay anticipated	Same day

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.

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

Please FAX patient details of any pre-booked prenatal sample for testing to the FAX number below

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

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

Specimen Reception
Level 5, Barclay House
Great Ormond Street Hospital
37 Queen Square
London WC1N 3BH
Tel: 020 7829 8870 Fax: 020 7813 8578

For details of all referral criteria and policies please see our website:

www.labs.qosh.nhs.uk/laboratory-services/genetics

For Lab Use Only