



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		REASON FOR REFERRAL Please give clinical details, including previous genetic investigations	
GP NAME & ADDRESS		NHS / PRIVATE	
REFERRING CONSULTANT			
ADDRESS FOR REPORT		NHS.NET EMAIL / CONTACT NUMBER	

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-top: 0;">SOLID TISSUE TESTS (Pregnancy Loss)</h3> <p><input type="checkbox"/> MLPA and QF-PCR</p> <p>TYPE OF SAMPLE:</p> <p>SEX (IF KNOWN): MALE/FEMALE</p> <p style="font-size: small;">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-top: 0;">SOLID TISSUE S (Live Patient)</h3> <p style="font-size: small;">i.e. skin biopsies</p> <p><input type="checkbox"/> KAROTYPING</p> <p><input type="checkbox"/> MOSAICISM SCREEN (please provide reasons above)</p> <p><input type="checkbox"/> DNA STORAGE</p>
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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 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 ³ , 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
Foetuses	N/A	Fetuses (24+ week gestation by date or scan) will not be accepted by this laboratory	N/A
Foetal 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 (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 ³ with chorionic villi or placental membrane	Universal container. Send dry if possible but in sterile 0.9% saline if delay anticipated	Same day
Foetal 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/FAX 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
- 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 Email: genetics.labs@gosh.nhs.uk

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

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

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