NHS
South West
Genomic Laboratory Hub

Genetics Request Form

MANDATORY FIELDS are indicated in blue type
See reverse for additional information on sample requirements
Please fill out as completely as possible

BGL is a UKAS accredited medical laboratory No.9307

Tubes/volumes

BGL FM296 V11
Active 18/06/20

For BGL use only; DO NOT affix labels here

Please affix patient label here

SURNAME

FIRST NAME

ADDRESS

POST CODE

DOB | **SEX**

HOSPITAL NUMBER

NHS NUMBER

REFERRING HOSPITAL

CG number

CONSULTANT

Address for report (full address please if GP surgery)

Purchase Order no:

BILLING ADDRESS (if different to report address)

Mother's name/DOB (IMPORTANT for all infant/fetal samples)

Date/time taken and by whom

Date/time received

Previous genetic investigations in family: Yes/ No
If yes, please give brief details below (include laboratory numbers)

Mother (name & DOB)……

Father (name & DOB)……

Sibling/s (name/s & DOB)……

For LEUKAEMIC samples please indicate:

- Diagnostic ☐
- Follow-up (Remission) ☐
- Follow-up (Relapse) ☐
- Bone marrow transplant, **specify sex of donor** ☐
- MRD ☐

IMPORTANT for all fetal samples

Gestation…….. Parity…….. ….

Gravida…….. LMP……..

EDD……

Multiple pregnancy ? ☐ **NT≥3.5mm** ☐

Date and time of next appointment

Sample type

Private ☐

NHS ☐

Priority

Urgent ☐

Routine ☐

Specific molecular genetic tests
Consent required for DNA extraction and storage
EDTA TUBE ☐

Specific cytogenetic tests
LITHIUM HEPARIN TUBE ☐

DANGER OF INFECTION? YES / NO
(NBT The lab works to containment level 2 +)

Risk of blood borne pathogen? ☐

Recent blood transfusion? ☐

Recent cytotoxic drugs? ☐

Please give additional details:

CLINICAL SUMMARY/ADDITIONAL INFORMATION/SPECIAL REQUESTS (if several tests are required please indicate order of testing required)

BGL acceptance of a testing request acts as an agreement with the requestor

DNA extraction and storage ☐

DNA Export
(Please attach letter) ☐

DNA testing (please specify test required) ☐

Array CGH testing ☐

Chromosome analysis ☐

QF-PCR ☐

Mosaicism ☐

FISH (please specify) ☐

Breakage studies: Fanconi anaemia/ Ataxia Telangiectasia/Other ☐

Fixed cell storage for 2 years (blood only) ☐
(stored routinely for 4 months)

Fixed cell storage (oncology only) ☐

Cell freezing (solid tissues/prenatal samples) ☐

BGL use only

Lab N°(s)

CONSENT STATEMENT (please see overleaf): It is the referring clinician's responsibility to ensure that the patient/carer knows the purpose of the test and that the sample may be stored for future diagnostic testing. In signing this form the clinician has obtained consent for testing, storage and for the use of this sample and the information gathered from it to be shared with members of the donor's family through their health professionals (if appropriate). The patient should be advised that the sample may be used anonymously for quality assurance and training purposes. If the patient does not wish information to be shared please write this clearly in the clinical summary box. Certain disorders with particular counselling issues e.g. HD may require a specific consent form (see website for further details).

NAME: **SIGNATURE:** **BLEEP No:**

BRISTOL GENETICS LABORATORY, SOUTHMEAD HOSPITAL, BRISTOL, BS10 5NB Tel: 0117 414 6168/6167/6174 General enquiries email (not results) : nbn-tr.geneticsenquiries@nhs.net

BRISTOL GENETICS LABORATORY TELEPHONE:0117 414 6168/6167/6174 WEBSITE: http://www.nbt.nhs.uk/genetics

SPECIMENS AND TRANSPORT FOR GENETIC ANALYSIS

Please ensure that all samples are clearly labelled and details completed on the request form. Specimens must not be allowed to come into contact with the request form but should be kept separate by using specimen/request form bags.
Specimens for inland postage must be packed in a rigid crushproof outer container according to current Post Office regulations..
All samples should be kept at room temperature and sent as soon as possible, by first class post. For prenatal samples over Bank Holiday periods alternative arrangements are advised e.g. courier.
If a delay in sending a sample is unavoidable, for **blood, bone marrow and solid tissue** samples please refrigerate samples overnight; samples for prenatal diagnosis (**AF or CVS**) store at room temperature. DO NOT FREEZE.
CVS samples - Please notify the laboratory by phone of expected samples. Same day transit is recommended. **Specific transport media** should be used for bone marrow, CVS and solid tissue samples; media is available from the laboratory.

Sample type (specify on front of form)	Size and container	Comments
POSTNATAL SAMPLES: Blood **(rotate gently to ensure blood does not clot)**		
	Molecular genetic tests require EDTA / **Tests for chromosome analysis or in situ hybridisation require Lithium Heparin**	
Adult	3-5 ml in lithium heparin and/or 3-5ml in EDTA as appropriate (see above)	
Neonate (for QF-PCR, samples must arrive by 2:30pm for same day processing)/ Child	1-2 ml in lithium heparin and/or 1-2ml in EDTA as appropriate (see above)	Please give consideration to priority of tests if only a small sample is obtained
PRENATAL DIAGNOSIS: information regarding the disease causing mutation(s) in the family must be known and family workup undertaken prior to prenatal analysis. Please contact laboratory when the clinic appointment is confirmed and INDICATE WHICH CLINICIAN WILL BE GIVING THE RESULT TO THE PATIENT.		
Amniotic Fluid for rapid trisomy screening **20mls of clear fluid** must arrive by 2.00pm for same day processing	15-20ml > 16 weeks gestation in a sterile Universal	
CVS (by 1.30pm same day)	10-25mg in CVS transport medium (see above)	
Foetal Blood Sample	At least 1ml in EDTA and 0.5-1ml in lithium heparin	
TISSUES: Samples received in formal saline/formalin are unsuitable for processing and will be discarded		
Skin/other tissues/Placenta/POC	Tissue transport medium (see above) or sterile saline	
BUCCAL CELLS:		
Please contact the laboratory for details	Buccal brush	Brushes should be re-sheathed and sent dry (not in saline)
CANCER GENETICS:		
Bone marrow MRD studies	Bone marrow transport medium (see above) or lithium heparin ACD tubes (yellow and black top) – do not refrigerate	
Blood	5-7 ml in lithium heparin/5-7ml in EDTA for molecular genetic analysis	
Solid Tumour/Lymph nodes	Tumour transport medium (see above)	
Paraffin embedded tissue section	2 sections at 2μm and 2 at 4μm mounted on "sticky" slides e.g. APES or 7-10μm for MRD samples	

For any other sample type please contact the laboratory for further information or view web site (address above)

Consent issues
This laboratory follows the recommendations laid down by the Joint Committee on Medical Genetics guidance document "Consent and confidentiality in genomic medicine' 3rd edition 2019. 'This document places responsibility for informed consent upon the requesting clinician. The document also includes suggested pro forma patient consent forms. Upon **sample receipt this laboratory presumes the clinician has obtained valid consent for the processing/storage issues described.**