



Please note that forms received with missing patient identifiers or no referring clinician/facility may not be tested

## GENETIC TEST REQUEST FORM

Lab Ref <i>(lab use only)</i>	Date & Time Received <i>(lab use only)</i>
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### Patient Details - use four patient identifiers

First name:	Surname:
DOB:	Sex Assigned at birth:
NHS Number: (mandatory)	Hospital No/Your Ref:
Ethnicity:	GOSH Family ID:
Patient Address:	
Postcode:	

### Referring Clinician Details

Referring Clinician: (full name required)
Contact Number:
NHS.net email: (mandatory)
Department:
Hospital: (full hosp. name & address required)
Submitter ID (Outreach):
Referring Consultant: (if different from referring clinician)
Referring Consultant Email:
Referring Clinician: I have discussed genomic testing with this patient and have retained a record of discussion (see page 2). Consent is not required for DNA storage.

NHS Patient (England) <input type="checkbox"/>	*Billing Address (If organisation to be invoiced):	Purchase Order No.
NHS Patient (Wales, Scotland, N.I)* <input type="checkbox"/>		
Private/International Patient* <input type="checkbox"/>	*Patient Email Address (If Self Funding):	

Specimen Details	If high risk please specify:	Sample Type	Date / Time Collected	Collected By
High Risk Specimen? Yes <input type="checkbox"/> No <input type="checkbox"/>				

◊ Clinical Indication Code: <b>R</b>	Urgent <input type="checkbox"/>	Routine <input type="checkbox"/>
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Reason for referral: <i>(please give clinical details &amp; details of previous genetic investigations in the family, if known)</i>	◊ For NHS England referrals, please refer to the National Genomic Test Directory for available tests and eligibility criteria - <a href="https://www.england.nhs.uk/publication/national-genomic-test-directories/">https://www.england.nhs.uk/publication/national-genomic-test-directories/</a>
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Molecular Genetic Testing <i>(EDTA, except NIPD, see below)</i>	Microarray <i>(EDTA only)</i>	Karyotype <i>(Lithium Heparin)</i>	
	If requesting urgent microarray (e.g. pregnancy, infants <3 months) please send a Lithium Heparin as well	To exclude Turner Syndrome (Short Stature/Amenorrhoea ONLY)	
DNA storage ONLY	Cytogenetic follow up <i>(EDTA &amp; Lithium Heparin)</i>	To exclude Ring 20 (Epilepsy)	Azoospermia/Male Infertility/IVF
Diagnostic test		Premature Ovarian Failure/IVF	Sample requested by lab
Carrier test	Please give the name & GOSH MRN of index patient above or include copy of index patient report	Chromosome Breakage (not Fragile X) <i>(Lithium Heparin)</i>	
Predictive test	Rapid testing for infants <i>(Lithium Heparin &amp; EDTA)</i>	Fanconi Anaemia	Bloom Syndrome
NIPD <i>(PAXgene or Streck cell stabilising tube 20mls)</i>	13/18 <input type="checkbox"/> 21 <input type="checkbox"/> Aneuploidy (please specify)	Other—contact the lab	
Please provide relevant family history above	Presence of SRY (chromosomal sex)		

The North Thames GLH Rare and Inherited Genomic Laboratory incorporates the GOSH Molecular Genetic and Cytogenetics services and the UCLH Neurogenetics service. The GOSH laboratory performs all sample handling, DNA extraction and laboratory tests; analysis and reporting is subsequently carried out by each constituent service depending on the test.

## Discussion with patients and family about genomic testing

- > An appropriate discussion of the genomic test and possible implications should take place according to the Consent and Confidentiality in Genomic Medicine guidelines (<https://bit.ly/2XkBtMu>).
- > The patient should be advised that the sample may be used anonymously for quality assurance, research and training purposes, please advise of any restrictions.
- > A record of discussion should be retained within the patient's record. A recommended record of discussion is provided on our [website](#).

## INSTRUCTIONS:

The sample tube and referral card must have three matching identifiers to be accepted. Patient's sex at birth must be indicated on the request form.

### Sample must be labelled with:

- Patient's full name (surname and given name)
- Date of birth and NHS number
- Referring Hospital Number
- The date and time sample was taken

### Blood Samples: Mix samples thoroughly for 2 minutes to prevent clotting

- 4mls venous blood in plastic EDTA (pink or lavender) bottles (>1ml from neonates)
- 2mls venous blood in plastic Lithium Heparin (orange or green) bottles (1-2ml from neonates)

**Lithium Heparin blood samples must be received in lab within 24 hours (refrigerate overnight at 4°C if necessary).**

**NOTE: The following will lead to rejection and may require repeat sampling. This will lead to delay in testing:  
Samples in glass bottles, UNLABELLED samples, MISLABELLED samples**

**Please note that blood samples taken after HSCT (bone marrow transplant) or after recent blood transfusion are not suitable for genetic testing.**

### Contact Lab in advance for:

- 1) Free fetal (NIPD) analysis please send 20ml blood in Streck or PAXgene ccfDNA cell-stabilising tubes.**  
Glass Streck tubes for NIPD will be accepted.
- 2) RNA Analysis (PAXgene tubes).**

**ANY OTHER SAMPLE** e.g. prenatal, buccal swab, muscle, skin biopsy, urine - TELEPHONE FOR ADVICE

### Shipping Requirements:

Samples coming from outside Great Ormond Street Hospital / Institute of Child Health must be packaged in accordance with **UN PACKING REQUIREMENT PI 650** and clearly labelled '**diagnostic specimen UN3373**'

### Sample Dispatch/Storage:

Samples can be shipped at room temperature. Samples may be stored at room temperature if taken on the day they are to be sent or refrigerated overnight.

Samples in Streck Tubes for Non-Invasive Prenatal Diagnosis/Testing must be stored at room temperature and **NOT** refrigerated.

### Address to:

North Thames GLH, Rare & Inherited Disease Genomic Laboratory  
Specimen Reception, Level 5 Barclay House, 37 Queen Square,  
London WC1N 3BH

**Opening hours:** Monday to Friday 9.00am to 5.30pm (please ensure samples arrive by 5pm)

**Tel (all enquiries):** 020 7829 8870 / 020 7762 6888

**Email:** (Cytogenetics & Molecular Genetics): [gos-tr.norththamesgenomics@nhs.net](mailto:gos-tr.norththamesgenomics@nhs.net)  
(Neurogenetics): [ucl-tr.NHNNgenetics@nhs.net](mailto:ucl-tr.NHNNgenetics@nhs.net)

For more information please see our websites:

North Thames GLH: <https://www.norththamesglh.nhs.uk/>

UCLH Neurogenetics: <https://www.uclh.nhs.uk/our-services/find-service/neurology-and-neurosurgery/neurogenetics/neurogenetics-laboratory>