



Please note that samples received with incomplete forms will not be tested

SURNAME:		FIRST NAME:		NHS <input type="checkbox"/> PRIVATE <input type="checkbox"/>	
DATE OF BIRTH:		NHS NUMBER:		Date received (Lab) <input type="text"/>	
SEX		GENETICS /HOSPITAL NO		DATE/TIME COLLECTED	
				SAMPLE TAKEN BY:	
PATIENT ADDRESS & POSTCODE				REFERRING CONSULTANT (Full name)	
GP NAME & ADDRESS				DEPARTMENT AND HOSPITAL (required)	
Please select <u>one</u> option for report and provide details:				NHS.NET EMAIL for queries	
Email (NHS.net email)		<input type="checkbox"/>			
Outreach Portal (provide Submitter ID)		<input type="checkbox"/>			
Post		<input type="checkbox"/>			

**PRENATAL TESTS** NHS patients will routinely be tested in line with NHS England and JCGM prenatal testing guidelines.

Amniotic Fluid ☐ Chorionic Villus Biopsy ☐ Fetal blood ☐

if for microarray, please send maternal blood sample (2ml in plastic EDTA tube) ☐

- ☐ QF-PCR ONLY
- ☐ QF-PCR + MICROARRAY - please give details of scan anomalies below
- ☐ QF-PCR + TESTING FOR FAMILIAL GENETIC VARIANT- please give details
- ☐ QF-PCR + NON-FAMILIAL GENETIC TESTING - please discuss with laboratory before sampling

Down's screen risk  Size of NT  Gestation at NT measurement  Gestation at sampling

**REASON FOR REFERRAL** - ultrasound anomalies/previous genetic investigations in family.  
To prevent delayed or failed test reports you must inform the laboratory if pregnancy is from ovum (egg) donation

CONSANGUINEOUS? Yes ☐ No ☐ Unknown ☐

**SOLID TISSUE TESTS (Pregnancy/Fetal Loss)**

- ☐ fetal demise after 24 weeks / stillbirth
- ☐ third or subsequent miscarriage
- ☐ pregnancy loss with clinical indication of chromosome abnormality  
(details **MUST** be supplied, please use box above)

Note: for any other referral reason please indicate funding source

**SAMPLE TYPE:**

**SEX (IF KNOWN):**

If products of conception or a 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.  
Samples containing fetal tissue will be returned for sensitive disposal. Any samples not returned will undergo disposal organised by the laboratory.

In submitting the sample the clinician confirms that consent for testing and DNA storage has been obtained.  
Please use the alternative request form (available on our website – see overleaf) for postnatal referrals

INSTRUCTIONS:

Specimen	Quantity	Container and Actions Required	To arrive in lab
Amniotic fluid	15-20ml*	Universal container Email laboratory specimen is being sent	Same day, by 5pm
Chorionic villus biopsy	15-20mg*	Universal container containing 0.9% w/v heparinised saline Email to confirm dispatch to laboratory	Same day, by 5pm
Skin biopsy (live patient)	Skin punch 2mm <sup>3</sup> , full thickness	Universal container. Send in sterile 0.9% saline if possible, dry if not. Email to confirm dispatch to laboratory	Same day, by 5pm
Fetuses	N/A	<b>Fetuses (24+ week gestation by date or scan) will not be accepted by this laboratory</b>	N/A
Fetal skin biopsy (post-termination/post-mortem)	1cm <sup>3</sup> 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 <sup>3</sup> with chorionic villi or placental membrane	Universal container. Send dry if possible but in sterile 0.9% saline if delay anticipated	Same day
Fetal 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 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

Samples **MUST BE PACKAGED ACCORDING TO UN PACKING REQUIREMENT PI 650**, clearly labelled ‘diagnostic specimen UN3373’ and be sent to the following address:

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

**Email:** [gos-tr.norththamesgenomics@nhs.net](mailto:gos-tr.norththamesgenomics@nhs.net)

For details of all referral criteria and policies please see our website: [www.norththamesgenomics.nhs.uk](http://www.norththamesgenomics.nhs.uk)

For Lab Use Only