UKAS MEDICAL 7883

NHS Great Ormond Street Hospital for Children NHS Foundation Trust

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

NHS University College London Hospitals NHS Foundation Trust

UKAS MEDICAL 8040

Please note that forms received with missing information (patient/ referrer/ test eligibility/ utility) will not be tested.

I. Patient Details (Use FOUR patient identifiers#)

SURNAME#:	**FIRST NAME#:**
DATE OF BIRTH#:	**Sex at Birth:** -
NHS Number# (Mandatory*):	Hospital No/ Your Ref:
Ethnicity: -	GOSH Family ID (If known):
Patient Address & Postcode:	
GP Name & Address:	

II. Referring Clinician Details (All MANDATORY*)

Referring Consultant (Please provide full name)*:

NHS.net email (for queries)*:

Department*:

Hospital (No initials, please provide full name/address)*:

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.

Consanguineous: ☐ Yes ☐ No

Please select ONE option for report and provide details:

☐ **Email (NHS.net email):**	
☐ **Outreach Portal Submitter ID:**	
☐ **Post:**	

III. Specimen Details	**If high risk please specify:**	**Sample Type**	**Date / Time Collected**	**Collected By**
High Risk Specimen? ☐ Yes ☐ No				

◊ Clinical Indication Code: R ☐ **Urgent** ☐ **Routine**

THIS FORM IS FOR POSTNATAL NON-WHOLE GENOME SEQUENCING GENETIC TESTS (ALTERNATIVE FORMS LISTED OVERLEAF)

◊ For NHS England referrals, please refer to the National Genomic Test Directory for available tests and eligibility criteria:
https://www.england.nhs.uk/publication/national-genomic-test-directories/

☐ **DNA storage (no testing)**	**EDTA**	*Contact lab to activate testing on stored DNA*
☐ **DNA based testing:** ☐ Diagnostic ☐ Carrier ☐ Predictive	**EDTA**	(Provide R code, eligibility details and clinical utility)
☐ **Karyotype/FISH testing/Fanconi Anaemia/Bloom/ Nijmegen**	**Lithium Heparin**	(Provide R code, eligibility details and clinical utility)
Rapid testing (infants): ☐ trisomy 13/18 ☐ trisomy 21	**EDTA / Lithium Heparin**	☐ SRY (chromosomal sex)

IV. Reason for referral *(Please give details of previous genetic investigations in the family, if any.)*

(For familial/cascade/follow up testing, provide index patient name and DOB, NHS no. or index patient report.)

V. Clinical Utility — Please indicate category of Clinical Utility AND provide details.

☐ Patient management (determining therapeutic decisions and/or clinical investigations and/or surveillance programme)

☐ Patient, parents, or adult relative reproductive decision making

☐ Unaffected relatives are seeking predictive testing

Details:

VI. Eligibility — Please provide details to confirm patient meets NHSE eligibility criteria for the test(s) requested.

Details:

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 (available on RCPath website)

> The patient should be advised that the sample may be used anonymously for quality assurance, research and training purposes, please advise of any restrictions.

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:

- 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.

Use alternative Test Order Form for:

1) **Whole genome sequencing (WGS) from any sample.**
2) **Free fetal (NIPD) analysis (contact lab in advance)**
3) **RNA Analysis (contact lab in advance)**
4) **Prenatal testing (Chorionic Villus, Amniotic Fluid)**

ANY OTHER SAMPLE: e.g. Buccal swab, Muscle, 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.

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: gos-tr.norththamesgenomics@nhs.net / ucl-tr.NHNNgenetics@nhs.net

For more information

North Thames GLH: https://norththamesgenomics.nhs.uk
UCLH Neurogenetics: https://www.uclh.nhs.uk/our-services/find-service/neurology-and-neurosurgery/neurogenetics/neurogenetics-laboratory

CLEAR FORM