

GENETICS LABORATORIES TEST REQUEST

All samples MUST be labelled with FULL name, date of birth and NHS number
Processing of samples may be delayed if information is incomplete

For lab use

Surname		Date of birth		Adult: 5ml	Children: 1-5ml	Sample type: (eg venous blood)	
First names		Sex		DNA tests: EDTA tube <input type="checkbox"/>	Chromosomes: Lithium Heparin tube <input type="checkbox"/>		
NHS number				Microarray studies: EDTA & Lithium Heparin <input type="checkbox"/>	Other samples: please contact the lab		Date taken:
Hospital number		Family number					
Home Address & Postcode				Test(s) required:			
GP Name and Address & Postcode				Diagnosis, Clinical Information (including family tree, ethnicity, appropriate obstetric history, details of familial mutation)			
To ensure reporting of results this section must be completed							
Consultant (PRINT Surname)		Contact Tel No					
Speciality/Dept/Ward (include Box No)		Hospital		Storage only <input type="checkbox"/>			
Results to (if different from above)				Private patient <input type="checkbox"/>			
				Gestation in weeks (if pregnant):			
				Partner's Name and DOB:			
				Index case (if not this patient):			
In submitting this sample, the clinician confirms that consent has been obtained for:							
a) testing and storage				Yes <input type="checkbox"/>		No <input type="checkbox"/>	
b) the use of this sample and the information generated from it to be shared with members of the patient's family and their health professionals (if appropriate)				Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Clinician's signature.....				Printed Name.....		Date.....	

Lab opening hours: 8.30am-5.30pm Monday – Friday



DNA testing: Tel: 01223 348866 Fax: 01223 348870

If samples cannot be sent ASAP, please keep in refrigerator overnight or at weekend
The laboratory does NOT report results via the telephone

Cytogenetics: Tel: 01223 348711 Fax: 01223 348712

Cord/Placenta insertion site, skin: collect specimen into a sterile plastic universal container with tissue transport medium obtained from the laboratory.
Products of conception: collect whole specimen into a sterile plastic pot.
Do not fix or freeze specimens. Where appropriate, keep in refrigerator overnight or at weekend.

For further information about sample requirements and tests available see: www.cuh.org.uk/genetics-labs

Send samples at room temperature by 1st class post or courier to:

East Anglian Medical Genetics Service,

Genetics Laboratories, Box 143

Level 6, Addenbrooke's Treatment Centre

Addenbrooke's Hospital

Hills Road, Cambridge CB2 0QQ

For lab use:

Sample receipt date/time

Volume No of tubes

Tube type

Other information

All test requests will be reviewed against departmental criteria. If testing is not arranged, the sample will be stored and the referring clinician informed.
After testing, part of this sample might be used anonymously for the development of new tests and to monitor the quality of laboratory results.