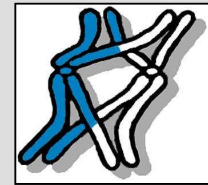


Cytogenetics

For Lab use only



Surname
Other Names
Address
.....
(inc. Postcode)
HOSPITAL
Unit Number
Ward / Clinic
Consultant
SPECIMEN

TICK IF PRIVATE
Sex (M/F)
Date of Birth

VIRAL HEPATITIS B ? YES / NO
OTHER HIGH RISK
INFECTION ? YES / NO

NHS Number
Any Previous Cytogenetic YES / NO
Investigations ?

Give Details:

**Samples should be sent to the laboratory as soon as is practicably possible, but may be stored overnight at +4°C.
Please see reverse of card for advice on transport vessels, culture media, replacement cards and consent.**

Please tick if the patient or guardian does not want cellular material to be stored after testing

CLINICAL DETAILS (PLEASE)

Include OBSTETRIC HISTORY where relevant. Is patient currently pregnant?

Analyst:

Category:

Sample QA:

Priority:

FISH:

SPECIMENS TO BE SENT TO:

Cheshire & Merseyside
Regional Genetics Laboratory
Liverpool Women's
NHS Foundation Trust
Crown Street
Liverpool
L8 7SS
Tel: 0151-702-4229

Date sample taken:.....

Signature:.....

AT AMNIOCENTESIS / CVB

L.M.P.

GRAVIDA

AGE BY SCAN

PARA

HUSBAND/ PARTNER D.O.B.



Service Details: Please see <http://www.lwh.me.uk/html/cytogenetics.php> for details of the laboratory testing repertoire.

Blood Samples

Chromosome/ : Use a LITHIUM HEPARIN collection tube [GREEN / ORANGE top].
FISH analysis Volumes required: Newborn infants: 1-2 mls Older children and Adults: 5mls

Microarray Studies: As above plus 3-5 mls blood sample in an EDTA tube [PINK / PURPLE top] . PLEASE STATE 'FOR MICROARRAY STUDIES'.

NB. Blood samples for Molecular Genetics tests should be sent in Potassium EDTA (K3E) collection tubes and be accompanied by a Regional Molecular Genetics Laboratory referral card (Tel: 0151 702 4228). Printable card available at: http://www.lwh.me.uk/html/docs_download.php.

Please ensure ALL blood samples are well mixed by gently inverting twice. DO NOT PRE-LABEL .

Other Tissues

Amniotic Fluid: 15-20mls aspirate in a sterile container

CVB: Cytogenetics only: 5-10 mg Cytogenetics & Molecular: 10-15mg Biochemical assay: >20mg
NB. All Chorionic villus samples should be sent in culture medium available from the laboratory. (See below)

Solid Tissue/ Tumour: All solid tissue samples, except paraffin embedded tissues (PETs)* should be sent in culture medium available from the laboratory. (See below).

Bone Marrows: 1-2mls aspirate into culture medium available from the laboratory. (See below)

More detailed information on sample requirements can be viewed on the laboratory web site at: http://www.lwh.me.uk/html/cytogen_samples.php.

* Please consult the laboratory for detailed requirements for paraffin embedded Tissues and 'Touch preparations'.

CONSENT: *It is the responsibility of the referring clinician to ensure that informed consent has been obtained for the tests requested. The laboratory routinely stores cellular material after testing for the purposes of: Audit, education & training, quality assurance and occasionally anonymised research. Consent is not required for these purposes but it is still good practice to make the patient aware of this policy.*

Please complete all relevant sections of the referral card. Affixing a self adhesive label containing patient information is acceptable, but please ensure that information requested on the card but absent from such labels is provided.

Guides for referral card completion and sample packaging and transport are available on the laboratory web site at:

Referral Completion: http://www.lwh.me.uk/pdf/referral_guide.pdf .

Packaging & Transport: <http://www.lwh.me.uk/pdf/LP-GEN-PckGuid.pdf>

Replacement Referral Cards: These can be obtained by contacting the laboratory (Tel 0151 702 4229). Emergency copies of the cytogenetics & Culture Medium referral card can also be printed from the web site via: http://www.lwh.me.uk/html/docs_download.php