

**Requesting Clinician: Instruct patient to attend Basildon Phlebotomy on a Thursday morning – Do NOT send samples directly to address given above.**

Address to: DNA Specimen Reception  
 Level 6  
 York House  
 Great Ormond Street Hospital  
 37 Queen Square  
 London WC1N 3BH  
 Tel: 020 7762 6888 Fax: 020 7813 8196

ANY OTHER SAMPLE eg. Buccal Swabs, Mouthwash, Scrape – TELEPHONE FOR ADVICE

**BLOOD SAMPLES**

5mls venous blood in plastic EDTA (pink) bottles (>1ml from neonates)  
 Sample must be labelled with:  
 • Patient's full name (surname/family name and given/individual name)  
 • Date of birth and unique hospital/NHS number  
 • It is desirable to have the date and time sample was taken and/or location as well

N.B. Samples in glass bottles will not be accepted  
 Mix samples thoroughly for 2 minutes to prevent clotting

Samples coming from outside the Great Ormond Street Hospital / Institute of Child Health MUST BE PACKAGED ACCORDING TO UN PACKING REQUIREMENT 602 and be sent by first class post to the address below.

## INSTRUCTIONS

REGIONAL MOLECULAR GENETICS LABORATORY  
 GREAT ORMOND STREET HOSPITAL NHS TRUST



## DNA ANALYSIS

Surname	Forenames	Sex	Date of birth	NHS Number (Essential)	Family Number
Address		GP Name/Address (ESSENTIAL)		Consultant (PRINT in full)	
				Hospital (PRINT in full)	
				Ward	Department
				Date Taken	PRIVATE / NHS (please delete)
Postcode	Postcode		Referral Reason / Tests Required		
Specimen Type	Working Diagnosis	Storage Only <input type="checkbox"/>			
Further Clinical Information eg: other family members Draw pedigree where relevant				Ethnic origin (if known)	
				Contact No. / Bleep / Extension	
				Requesting Doctors Full Name and Address	

In submitting the sample the clinician confirms that consent for testing and possible storage has been obtained.