



Accredited Medical Laboratory  
Reference No 2010, 2390

# North East Thames Regional Genetics Service Laboratory

Great Ormond Street   
Hospital for Children  
NHS Foundation Trust

## GENETIC TEST REQUEST FORM

SURNAME		FIRST NAME	
DATE OF BIRTH	GENETIC ID	NHS NUMBER	
SEX	ETHNIC ORIGIN	HOSPITAL NUMBER	
PATIENT ADDRESS & POSTCODE			
GP NAME & ADDRESS		NHS / PRIVATE	
		PCT CODE	
REFERRING CONSULTANT			
ADDRESS FOR REPORT		CONTACT NUMBER	

LAB REF.	
SAMPLE TYPE	URGENT / ROUTINE
DATE / TIME COLLECTED	DATE / TIME RECEIVED

### REASON FOR REFERRAL

Please give clinical details

**MOLECULAR GENETIC TEST (EDTA):**

Specify disease / gene test(s) and provide any relevant family history:

DNA STORAGE ONLY

DIAGNOSTIC TEST

CARRIER TEST

PREDICTIVE TEST

**MICROARRAY (EDTA & LITHIUM HEPARIN):** Please confirm patient has one of the following:

Developmental Delay     Dysmorphism     Multiple congenital abnormalities     Epilepsy

Please provide full clinical details including family history above.

**MICROARRAY FAMILY FOLLOW UP (EDTA & LITHIUM HEPARIN)**

Please give name and laboratory number of index patient.

**KARYOTYPING (LITHIUM HEPARIN)**

Mosaicism suspected? please give details.

**Rapid testing (LITHIUM HEPARIN) (infants under 3 months) for:**

Trisomy 21

Trisomy 13     Trisomy 18

Chromosomal sex

Please also select microarray or karyotype.

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

## INSTRUCTIONS:

**The sample tube and referral card must have three matching identifiers to be accepted. Patient's gender must be indicated on the request form.**

**BLOOD SAMPLES:** Mix samples thoroughly for 2 minutes to prevent clotting  
5mls venous blood in plastic EDTA (pink) 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 4°C if necessary).

**For free fetal (NIPD) analysis please send 20ml blood (EDTA) – Contact lab in advance**

ANY OTHER SAMPLE eg. Prenatal, Mouthwash – TELEPHONE FOR ADVICE

### 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 and/or location

**NOTE:           Samples in glass bottles will not be accepted**  
**UNLABELLED Samples will not be accepted**  
**MISLABELLED Samples will result in delay**

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**'

### Send by first class post or courier to this address:

Specimen Reception  
Level 5, York House  
Great Ormond Street Hospital  
37 Queen Square  
London WC1N 3BH  
Tel: 020 7829 8870 Fax: 020 7813 8578

**For details of all referral criteria and policies please see our website:**

[www.labs.gosh.nhs.uk/laboratory-services/genetics](http://www.labs.gosh.nhs.uk/laboratory-services/genetics)

For Lab Use Only

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