

# GENETICS TEST REQUEST

Please send this form with sample to:

Yorkshire & North East Genomic Laboratory Hub, Central Lab  
Genomic Specimen Reception (Histopathology Department)  
Bexley Wing, Level 5  
St James's University Hospital, Beckett Street, Leeds LS9 7TF  
www.leedsth.nhs.uk/a-z-of-services/the-leeds-genetics-laboratory

FOR LAB USE ONLY

LAB NO:

Tubes/Vol:

PED No:

PAT No:

Date Received:

## Laboratory Contact Information

UKAS accreditation number: 8096

General enquiries: 0113 2065419 / 2065205

Email: [Leedsth-tr.Cytogenetics@nhs.net](mailto:Leedsth-tr.Cytogenetics@nhs.net)  
[leedsth-tr.DNA@nhs.net](mailto:leedsth-tr.DNA@nhs.net)

**PACKAGING:** Please package biological substances Category B (UN3373) samples according to United Nations Packaging Instructions P650.

**TRANSPORT:** All samples must arrive ASAP either by post, courier or hospital transport. Please store samples at 4°C if they cannot be transported the same day.

## PATIENT DETAILS - BLOCK CAPITALS or patient ID label

Surname:

Forename(s):

D.O.B.:

Sex:

NHS No:

Hospital/PED No:

Patient's Address:

Postcode:

## TEST(S) REQUIRED:

- Chromosomes (Karyotype)  
 QFPCR (13/18/21/X/Y aneuploidy)  
 FISH - specify:

- SNP Array: full analysis  targeted analysis   
Will it be possible to obtain parental samples if required?  
Maternal  Paternal

- Diagnostic DNA test **Specify gene or panel:**  
 Carrier DNA test  
 Predictive DNA test  
 DNA storage  
 Other - specify:

Date of Sample:

High risk of infection? (if yes, please affix sticker/ specify):

## SAMPLE TYPE - TICK ALL SAMPLES INCLUDED IN PACKAGE:

- Blood - Lithium heparin (adults/children 2-5ml, neonates 1-2ml)  
 Cord Blood - Lithium heparin 1-2ml  
 Solid tissues - sample in transport medium\*  
Specify origin:  
 Amniotic fluid - 10-20ml in a Universal container  
 Chorionic villus - 10-30mg in transport medium\*

- Blood - in EDTA (Neonates 1-2ml, Children & Adults 2-5ml)  
 Cord Blood - EDTA 1-2ml  
 Other tissues - specify origin:

- Extracted DNA - specify origin:

Prenatal samples: as above. All aminos/ CVS will be tested for aneuploidy by QFPCR and will then be used for other tests as requested.

Prenatal samples and products of conception:

Maternal blood in EDTA (2-5ml) also required

Para:

Gestation:

EDD:

CLINICAL DETAILS/REFERRAL REASON (or attach a copy of the clinical letter):

Urgent  Routine

I confirm that appropriate patient consent has been obtained.

REQUESTING CLINICIAN PRINT:

SIGNATURE:

Consultant:

Email address (nhs.net):

Private Patient

Hospital:

Ward/Clinic:

Invoice to (if different from referring hospital):

Copy of Report to:

Referring Hospital (if different from above):

UNLABELLED / INCORRECTLY LABELLED SPECIMENS MAY NOT BE PROCESSED (see website for details)