

REGIONAL GENETICS LABORATORIES TEST REQUEST

All tests requested will be reviewed against departmental criteria. If testing is not arranged, the samples will be stored and the referring clinicians informed. After testing, samples may be used anonymously for the development of new tests and for quality monitoring.

Surname		Date of Birth	Age at Presentation	Venous blood samples: Adult: 5ml; Children: 1-5ml <input type="checkbox"/> DNA test: EDTA tube <input type="checkbox"/> Chromosomes: Lithium Heparin tube <input type="checkbox"/> Microarray: Lithium Heparin and EDTA tubes Other samples: <input type="checkbox"/> Cord/Placenta/insertion site/skin <input type="checkbox"/> Products of Conception (whole specimen in sterile pot) <input type="checkbox"/> Amnio sample <input type="checkbox"/> CVS <input type="checkbox"/> Other (please contact the laboratory) Sample obtained by (Signature)..... Printed Name Date
First Names		Sex		
NHS Number		Ethnicity		
Hospital Number		Family Number		
Home Address				
Postcode				
Patient email address				
GP Name (Printed)				
GP Address				
Postcode				
GP email address (nhs.net preferred)				
Consultant (Print)		Hospital		Billing to: Department of Haematology, University of Cambridge, C/O Sophie Stock Private Patient: <input type="checkbox"/>
Speciality/Dept/Ward				In Submitting this sample, the clinician confirms that consent has been obtained for: a) Testing and Storage <input type="checkbox"/> Yes <input type="checkbox"/> No 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) <input type="checkbox"/> Yes <input type="checkbox"/> No
Contact telephone number				
Email address (nhs.net preferred)				
Results to (if different from above) inc email address (nhs.net preferred)				
Clinical Synopsis Please provide clinical synopsis and pedigree with relevant family history to help the team generate a laboratory report 				
Tests Required: Confirmation of class 4 and 5 variant(s) identified in NIHR BR-RD BRIDGE project, as detailed in accompanying Research Report Summary. Storage Only: <input type="checkbox"/>				
Gestation in weeks (If pregnant): Partners Name and DOB: Index Case (if not this patient):				

The Laboratory does NOT report results via the telephone

**All samples MUST be labelled with FULL name, date of birth, NHS number and / or hospital number.
Processing of samples will be delayed if information is incomplete.**

Send samples at room temperature by 1st class post or courier to:
**East Anglian Medical Genetics Service,
Genetics Laboratories, Box 143
ATC Level 6, Addenbrooke's Hospital,
Hills Road, Cambridge, CB2 0QQ**

Laboratory opening hours: 8.30am - 5.30pm Monday to Friday
Telephone: 01223 348866
Fax: 01223 348712
Email: geneticslaboratories@nhs.net

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



Referral form for confirmation of Class 4 and Class 5 variants in Tier 1 genes identified by NIHR BR-RD / BRIDGE projects



Attach NIHR BR-RD / BRIDGE Research Report Summary to this referral form and send with sample.

Indicate which NIHR BR-RD BRIDGE project this patient was recruited to:

<input type="checkbox"/>	BPD	Bleeding, Thrombotic and Platelet disorders
<input type="checkbox"/>	CSVD	Cerebral Small Vessel Disease
<input type="checkbox"/>	EDS	Ehlers-Danlos Syndrome
<input type="checkbox"/>	HCM	Myofilament-gene negative Hypertrophic Cardiomyopathy
<input type="checkbox"/>	ICP	Intrahepatic Cholestasis of Pregnancy
<input type="checkbox"/>	MPMT	Multiple Primary Malignant Tumours
<input type="checkbox"/>	NPD	Neuropathic Pain Disorders
<input type="checkbox"/>	PAH	Pulmonary Arterial Hypertension
<input type="checkbox"/>	PID	Primary Immune Disorders
<input type="checkbox"/>	PMG	Primary Membranoproliferative Glomerulonephritis
<input type="checkbox"/>	SMD	Stem Cell and Myeloid Disorders
<input type="checkbox"/>	SPEED	Specialist Pathology: Evaluating Exomes in Diagnostics
<input type="checkbox"/>	SRNS	Steroid Resistant Nephrotic Syndrome

For further information please contact the NIHR BioResource team on freephone 0800 0853650 or e-mail us on rarediseases@bioresource.nihr.ac.uk

CUH Laboratory Use Only:

<p>Receipt date and time:</p> <p>Tube type: _____ Volume: _____</p> <p>No of tubes: _____</p> <p>Shire Only <input type="checkbox"/></p> <p>Patient demographics Checked:</p>	<p>Other Information:</p>
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