

# ONCOLOGY GENETIC TEST REQUEST

South East Scotland Genetic Service

Western General Hospital, Edinburgh, EH4 2XU

Lothian University  
Hospitals Division

<b>PATIENT DETAILS</b> ( <i>printed label</i> )		<b>REFERRER DETAILS</b> Consultant: (please print)  Hospital:  Contact telephone:  Sample taken by (please print and sign)	
<i>Required: Name, date of birth, CHI or 1st line home address and post code</i>		<b>PROVISIONAL DIAGNOSIS/CLINICAL DETAILS</b>	
<input type="checkbox"/> <b>Diagnosis/Presentation</b> <input type="checkbox"/> <b>Remission/Follow up</b>  <input type="checkbox"/> <b>Relapse/Progression</b> <input type="checkbox"/> <b>Staging</b>  <input type="checkbox"/> <b>Trial</b> (please state which one)		<b>SAMPLE DETAILS</b>  <input type="checkbox"/> Bone Marrow <input type="checkbox"/> Lymph Node <input type="checkbox"/> Peripheral Blood <input type="checkbox"/> Other  Date of sampling:  Time of sampling:  Taken by:	
		<b>URGENT:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>HIGH RISK</b> (see over): <input type="checkbox"/> Yes <input type="checkbox"/> No NHS <input type="checkbox"/> Private <input type="checkbox"/>	
↓ <b>LAB USE ONLY</b> ↓			
Date of sample arrival:  White Blood Cell Count:  Set up by:  Triaged by:	<b>TESTS REQUIRED</b> <input type="checkbox"/> Karyotype <input type="checkbox"/> Karyotype and FISH <input type="checkbox"/> FISH only <input type="checkbox"/> PET FISH <input type="checkbox"/> Array	CD138 isolation  Cell count:  Volume:  Set up by:	
<b>ADDITIONAL INFORMATION</b>			
FISH labels/Array number			Laboratory Number

In submitting this sample, the clinician confirms that consent has been obtained for testing and storage of the patient material.

**Incomplete or illegible forms, or use of incorrect sample tubes, will cause delay or rejection of samples.**

Please complete using BLACK ink – form will be scanned in lab

**Genetics Laboratory  
South East Scotland Genetic Service  
DAVID BROCK BUILDING  
Western General Hospital  
Crewe Road  
Edinburgh  
EH4 2XU**

**Phone: 0131 537 1940  
Int: 31940**

**Email: [wgh.cytogenetics@nhslothian.scot.nhs.uk](mailto:wgh.cytogenetics@nhslothian.scot.nhs.uk)**

Arrange for immediate transport to the laboratory (van service – do not post).  
If this is not available, specimens should be refrigerated. **(DO NOT FREEZE)**

**Summary of samples required for cytogenetic and molecular cytogenetic tests**

- Bone marrow aspirate in saline/heparin container supplied by the laboratory.
- Blood Sample: volume 2-5ml in Lithium heparin Tube
- PETS: 3-4µm thick sections, fixed in formalin (24-48 hr), mounted on positively charged slides and baked overnight at 56°C.
- Tumour sent in Solid Tissue transport medium supplied by the laboratory.

It is your responsibility to ensure that samples are packaged to comply with the European Agreement concerning the International Carriage of Dangerous Goods by Road (ADR 2019) at <https://www.unece.org/trans/danger/publi/adr/adr2019/19contentse.html>  
ADR 2019 requires that this sample (unless subject to exceptions outlined in "infection control" below) is labelled:

**EXEMPT HUMAN SPECIMEN**

-----Fold along this line and place into specimen bag sleeve with delivery address showing-----

**Infection Control**

Both laboratories handle samples in accordance with procedures outlined in the National Infection Prevention and Control Manual: <http://www.nipcm.hps.scot.nhs.uk/>

The Cytogenetics Laboratory cannot accept samples from patients who have or are suspected of having Group 3 or 4 pathogens. The DNA laboratory is however able to extract DNA from these samples which must be labelled with a 'Danger of Infection' sticker.

**Information for users of genetic tests**

Details of sample requirements can be found on <https://edinburghlabmed.co.uk/TestDirectory/Pages/Site?dID=282&>

Details of the Cytogenetic service can be found <https://services.nhslothian.scot/geneticservice/>

Additional forms can be downloaded from <https://services.nhslothian.scot/geneticservice/request-forms/>

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