

ONCOLOGY GENETIC TEST REQUEST**South East Scotland Genetic Service**

Western General Hospital, Edinburgh, EH4 2XU

PATIENT DETAILS (<i>printed label</i>)		REFERRER DETAILS	
		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>			
PROVISIONAL DIAGNOSIS/CLINICAL DETAILS		SAMPLE DETAILS	
		<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:	
<input type="checkbox"/> Diagnosis/Presentation <input type="checkbox"/> Remission/Follow up <input type="checkbox"/> Relapse/Progression <input type="checkbox"/> Staging <input type="checkbox"/> Trial (please state which one)		URGENT: <input type="checkbox"/> Yes <input type="checkbox"/> No HIGH RISK (see over): <input type="checkbox"/> Yes <input type="checkbox"/> No NHS <input type="checkbox"/> Private <input type="checkbox"/>	
LAB USE ONLY			
Date of sample arrival:	TESTS REQUIRED	CD138 isolation	
White Blood Cell Count:	<input type="checkbox"/> Karyotype	Cell count:	
Set up by:	<input type="checkbox"/> Karyotype and FISH	Volume:	
Triaged by:	<input type="checkbox"/> FISH only	Set up by:	
	<input type="checkbox"/> PET FISH		
	<input type="checkbox"/> Array		
ADDITIONAL INFORMATION			
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

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 routine tests

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: 3-6µm 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

<http://www.edinburghlabmed.co.uk/TestDirectory/Pages/Site.aspx?dID=35>

Details of the Cytogenetic service can be found

<http://www.nhslothian.scot.nhs.uk/Services/A-Z/ClinicalGeneticsService/GeneticLaboratoryServices/CytogeneticsService/Pages/default.aspx>

Additional forms can be downloaded from

<http://www.nhslothian.scot.nhs.uk/Services/A-Z/ClinicalGeneticsService/GeneticLaboratoryServices/Pages/RequestForms.aspx>

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