

SOUTH EAST SCOTLAND CYTOGENETIC SERVICE

Request for Pregnancy Loss Genetic Investigations

Sections in red/italics are MANDATORY and samples may be rejected if not completed

SURNAME				<u>Referrer Details</u>	
Fetal Forename				Consultant: Address for combined report:	
OR	<input type="checkbox"/> POC <input type="checkbox"/> Fetus <input type="checkbox"/> Baby	of _____ (maternal forename)			
DATE OF DELIVERY		Sex (If Known)			
Address Incl. Postcode				Total number of pregnancy losses (including current loss):	
				Gestation of current loss (weeks):	
Maternal CHI or DOB				Risk of Infection?: (if yes, give details)	
Reason for Referral: (Give details of anomaly if MTOP)					
ALL SAMPLES MUST BE SENT VIA PATHOLOGY					
↓ FOR PATHOLOGY LAB USE ONLY					
External Features:			Date Received:		
Internal features:			Pathologist:		
			Pathology Number/label:		
<input type="checkbox"/> POC <input type="checkbox"/> Gonad <input type="checkbox"/> Cord <input type="checkbox"/> Placenta <input type="checkbox"/> Other:			Fetal Number: XED _____		
↓ FOR GENETIC LAB USE ONLY					
Previous Amniotic Fluid/CVS		Yes	No	Details:	
Previous Parental Bloods		Yes	No	Details:	
Labelling and Transfer Check		POC Dissection Check			
Initial:	Date:	Initial:	Date:	Sample condition:	
Tissue Type	Tissue Type	Tissue Type	Lab Comments:		
Label	Label	Label	Samples returned to Pathology by: Sample type(s): Date:		
Processed by:					
Date:			Date:		

See over for further information on test availability, samples required and delivery information.

Address for Delivery
(Sending from Theatre)

Pathology
Laboratories Division
Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh
EH16 4SA

Arrange for immediate transport to the laboratory (van service or first class post). If this is not available, specimens should be refrigerated.

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 2017) at <https://www.unece.org/trans/danger/publi/adr/adr2017/17contentse0.html>

ADR 2011 requires that this sample (unless subject to exceptions outlined in "infection control" below) is labelled:

EXEMPT HUMAN SPECIMEN

Infection Control

Both laboratories handle samples in accordance with NHS Lothian specimen policy which is contained in the NHS Lothian Infection Control Manual, available on the intranet at: <https://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.

Consent for DNA testing

Consent must have been obtained from the patient for the test(s) requested. Unless indicated otherwise, consent is also given for storage of the derived DNA for future use both in assisting in the testing of other family members (if appropriate) and in the development of future diagnostic tests for the condition for which the patient was referred. Samples from patients who do not consent to storage and future use of their DNA must clearly indicate the limits of the consent granted. If in doubt, contact Clinical Genetics to discuss.

Information for users of genetic tests

The above instructions are taken from the South East Scotland Genetic Service "Cytogenetics and Molecular Genetics (DNA) Laboratories" Web Site. <https://services.nhsllothian.scot/geneticservice/genetic-laboratory-services/>

Incomplete or illegible forms will cause delay or rejection of samples.

Address for Delivery
(sending from PATHOLOGY ONLY)

Genetics Laboratory
SE Scotland Genetic Service
David Brock Building
Western General Hospital
Crewe Road
Edinburgh
EH4 2XU

Phone: 0131 537 1183
Int: 31183