

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



SOUTH EAST SCOTLAND CYTOGENETIC SERVICE
Request for Chromosome Analysis/QF-PCR on Post-Mortem Solid Tissue

Surname				REFERRER DETAILS Consultant: Address for report: Date received in Pathology: Pathology number(s)/label: Sample taken by:
(Maternal) Forename	<input type="checkbox"/> POC <input type="checkbox"/> Fetus of <input type="checkbox"/> Baby			
Date of Delivery		Sex (If Known)		
Address Incl. Postcode				
Fetal XED Number				
Maternal CHI or DOB				

ALL SAMPLES MUST BE SENT VIA PATHOLOGY

Referral Reason (Give details of anomaly if MTOP):

External Features:

Internal features:

Diagnostic Storage

Tissue Type: POC Gonad Cord Amnion Placenta Other:

Parity:	Gestation:	<input type="checkbox"/> MTOP
High Risk: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known		<input type="checkbox"/> Spont. Labour
		<input type="checkbox"/> Stillbirth

FOR 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	
Label	Label	Label	
			Samples returned to Pathology by:
			Sample type(s):
			Date:

Processed by:	Date:	Triaged by:	Date:
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Incomplete or illegible forms will cause delay or rejection of samples.
See over for further information on test availability, samples required and delivery information.

Address for Delivery
From PATHOLOGY ONLY

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

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

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: <http://intranet.lothian.scot.nhs.uk/Directory/InfectionPreventionAndControl/IPCT%20Policies/NationalManualandCore/Pages/NationalManual.aspx>

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

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Address for Delivery
From Theatre

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