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

PRENATAL GENETIC TEST REQUEST

South East Scotland Genetic Service
Western General Hospital, Edinburgh, EH4 2XU

NHS Lothian
Lothian University Hospitals Division

PATIENT DETAILS (*printed label*)

Required: Name, date of birth, CHI or 1st line home address and post code

REFERRER DETAILS

Consultant:

Report to:

Contact details

SAMPLE DETAILS

☐ Amniotic fluid ☐ DNA
☐ CVS

Maternal blood in EDTA (KE) ☐ Lithium Heparin ☐
Paternal blood in EDTA (KE) ☐ Lithium Heparin ☐

Date and time of sampling:

Taken by:

High risk (see over):

NHS ☐ Private ☐

CLINICAL DETAILS/REFERRAL REASON

Parity	Gestation by scan	Estimated NT thickness

TESTS REQUIRED (tick relevant boxes)

- Trisomy testing (chromosomes 13, 18, 21) ☐
- Microarray ☐
- Molecular Genetic testing (please specify disease) ☐

I have explained the amniocentesis/CVS procedure and associated risks, and have discussed the information in the patient leaflet.

Counsellor Signature: _____ **Date:** _____

PATIENT CONSENT

- I have read the patient information leaflet and have had a chance to discuss any questions about the procedure or results with a member of the clinical team. ☐
- I have had the risks of the procedure explained to me and I acknowledge these risks. ☐
- I understand that the sex of my baby will be included on trisomy and microarray test reports. If I don't wish to know the sex, I will inform a member of the clinical team. ☐

I consent to my sample being tested as detailed above.

Signature: _____ **Date:** _____

Laboratory Contact Details:

Cytogenetics Lab:
0131 537 1940
WGH.cytogenetics@nhslothian.scot.nhs.uk

Molecular Genetics Lab:
0131 537 1266/1270
Edinburgh.DNA@nhslothian.scot.nhs.uk

Clinical Genetics:
0131 537 1116
(Clinical Enquiries only)

LAB USE ONLY

Date and time of sample arrival

Condition/volume and tests

☐ Maternal EDTA received ☐ Maternal LiHep received
☐ Paternal EDTA received ☐ Paternal LiHep received

Set up by: Triaged by:

Incomplete or illegible forms, or use of incorrect blood tubes, will cause delay or rejection of samples.
See over for further information on samples required and delivery information.

Arrange for immediate transport to the laboratory by taxi or courier.
If this is not available, specimens should be refrigerated. **(DO NOT FREEZE).**

South East Scotland Cytogenetics Service
DAVID BROCK building
Western General Hospital
Crewe Road
Edinburgh
EH4 2XU

Specimen	Quantity	Container	Must be received in lab
Amniotic Fluid (AF)*	8 mls for culture. 8 mls for DNA extraction.	Two sterile universals	Same day by 14.00
Chorionic Villus (CV)**	20-30mg	Sterile Universal with transport medium supplied by the laboratory	Transport by taxi/courier to arrive by **15.00.** Avoid Fridays if possible.
Parental bloods:*** • Maternal • Paternal	3-5ml	EDTA (KE) and Lithium Heparin Required for: Trisomy test and array follow up.	Same day

* For amniotic fluids, samples must be a minimum of 16 weeks gestation to ensure adequate DNA concentration for microarray testing

** CVS samples should be transported by taxi or courier. Call 0131 537 1940 or email WGH.cytogenetics@nhslothian.scot.nhs.uk to notify of sample

*** Please include a separate referral card for both maternal and paternal sample.

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

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

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://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.

Samples from individuals with a confirmed or suspected diagnosis of CJD are not extracted by the Molecular Genetics laboratory. DNA from such samples will be tested after extraction by the CJD Unit. Samples should be sent to Molecular Genetics, labelled with a 'Danger of Infection' sticker, with the CJD status clearly indicated on the referral form.

Information for users of Genetic tests
The above instructions are taken from the South East Scotland Genetic Service Web site.

https://tinyurl.com/EdGeneLab

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