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Request for Genetic Analysis

*This form must be filled out completely, using **BLOCK CAPITALS***
Please see page 2 for instructions on submitting samples

Sample Type:	Surname:	Hospital Name:	
	First Name(s):	Patient's Hospital Record No. (MRN):	
Sample Collection: Date:…….. Time:…….. Name of person taking sample:	Home Address:	Date of Birth (DOB):	Sex:
Gestational age, for prenatal diagnosis samples:	**Consultant/GP (First Name and Surname):** Specialty:_____	Genetics Pedigree No. (internal use):	
Referring Hospital Pathology/Dispatch No:	Ward/Clinic/Surgery address & contact number:	Send additional copies of report to:	

Details of Test(s) Requested:

Current Diagnosis:

Clinical Information:

If relevant, please circle one if the following: Affected / Unaffected / Carrier Status / Unknown

Family History: (include details of name & DOB of index case & relationship)

***For completion by the referring clinician/GP**: I have discussed this test with my patient/their guardian and the patient/guardian understands the implications of the test.*

Signature:…….. Name (in block capitals): ……

Contact Number:…….. Indicate if Patient is Public or Private**:** ……..

Please note: All DNA from samples processed by the Genetics laboratory is stored indefinitely at the centre, unless we receive a request in writing for the sample to be discarded.

Genetics lab no (internal use only):	MF-GEN-DCGRequestForm.1	Date/time of receipt (internal use only):

Instructions for Submitting Samples for Genetic Testing

PLEASE NOTE THAT INCOMPLETE, INCORRECT OR ILLEGIBLE LABELLING OF FORMS AND/OR SAMPLES, OR USE OF INCORRECT SAMPLE TUBES, MAY RESULT IN DELAYS OR REJECTION OF SAMPLES.

Requirements: Samples and request forms must generally contain full name (forename name and surname) and DOB *or* Hospital Number. In instances where a forename has not been established for a newborn baby, samples and request forms must contain surname, DOB *and* Hospital Number. Sample tubes and referral paperwork must agree with each other. Full details of our 'Sample Identification Policy' are available at *www.genetics.ie*

CYTOGENETICS (Karyotyping/FISH Analysis/Microarray):

Karyotyping/FISH

- Blood (Children and Adults): 2ml in Lithium Heparin.
- Blood (Infants): 1ml (minimum) in Lithium Heparin micro tube (1.3ml capacity).
- Amniotic fluid: 10-20ml directly into sterile container with screw cap.
- Chorionic villus sample: Place tissue in sterile CVS transport medium.
- Tissue: Collect specimen into sterile plastic container filled with culture medium (Ham's F10 supplemented with 10% foetal calf serum and antibiotics is recommended).
- Bone marrow, blood, pleural effusions, and ascites for oncology referrals: Place sample into RPMI medium with heparin.
- Solid tumour and lymph node biopsies: Collect specimen into sterile plastic container filled with culture medium (Ham's F10 supplemented with 10% foetal calf serum and antibiotics is recommended).

Microarray (aCGH) (please contact laboratory for availability)

- Children and Adults: 3-5ml of venous blood in EDTA.
- Infants: 1ml of venous blood in EDTA. (DNA can be extracted from smaller blood samples (0.5ml) if necessary).

Samples for cytogenetics should be dispatched as soon as possible by post or courier. Prior to and during dispatch samples must be kept at room temperature and must never be frozen. Gently invert tubes several times to avoid clotting of blood or marrow samples.

Directed FISH analysis is also possible on bone marrow smears, cyto spins, buccal smears, and touch preps (please contact the lab for further details regarding the optimum preparation of these slides).

MOLECULAR GENETICS (DNA Analysis):

- Adults- 3-5ml of venous blood in EDTA anticoagulant.
- Infants- 1ml of venous blood in EDTA anticoagulant. (DNA can be extracted from smaller blood samples (0.5ml) if necessary).

Send samples for molecular genetics at room temperature by post or courier. Refrigerate if there is a delay before posting.

We can accommodate mouthwashes, buccal swabs, paraffin blocks and other types of sample by special arrangement (please contact the lab prior to sending these samples, for further details).

MOLECULAR GENETICS REQUESTS FOR TESTS NOT PERFORMED IN NCMG:

- For a list of in-house tests, please refer to *www.genetics.ie/molecular*
- We also maintain a register of hundreds of diseases for which tests are available abroad, and for which we provide a referral service, which includes DNA preparation. Please note that invoices for testing via external laboratories are directed to the referring clinician, and costs can range up to several thousand euro. Please contact us at *duty.scientist@olchc.ie* or 01-409 6733 if such costs are a consideration prior to testing.

ANGELMAN SYNDROME (AS) and PRADER-WILLI SYNDROME (PWS):
In cases of suspected AS or PWS, samples for molecular genetics (EDTA blood) only should be submitted.

Further information regarding this service is available on our website
www.genetics.ie