



National Centre for Medical Genetics

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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:.....	Home Address:	Date of Birth (DOB):	Sex:
	Gestational age, for prenatal diagnosis samples:	Consultant/GP:	NCMG Pedigree No (internal use):
Referring Hospital Pathology/Dispatch No:	Ward/Clinic/Surgery address & contact number:	Send additional copies of report to:	

TEST REQUIRED: Cytogenetics <input type="checkbox"/> Molecular Genetics <input type="checkbox"/>	DETAILS OF TEST(S) REQUESTED:
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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 extracted DNA from samples processed by the Division of Molecular Genetics are stored indefinitely at the centre, unless we receive a request in writing for the sample to be discarded.

NCMG lab no (internal use only):

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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 (1st 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 (Chromosome/FISH Analysis):

- 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.
- Placenta/skin: 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).

Samples for cytogenetics should be dispatched as soon as possible by post or courier. Prior to dispatch samples must never be frozen and ideally be kept at room temperature. 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 prior to sending these preparations, for further details).

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 €. Please contact us at duty.scientist@olchc.ie or 01-409 6733 if such costs are a consideration prior to testing.

FRAGILE X SYNDROME:

In cases of suspected Fragile X, samples for both molecular genetics testing (EDTA blood) and chromosome analysis (LiHep blood) are recommended (please refer to www.genetics.ie for current acceptance policy).

ANGELMAN SYNDROME (AS) and PRADER-WILLI SYNDROME (PWS):

In cases of suspected AS/PWS, samples for molecular genetics (EDTA blood) only should be submitted.

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

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