

Genetic Diagnostic Laboratory

Chromosome / FISH analysis: Lithium heparin (5mls*)

Molecular investigations: EDTA (5-10 mls*)

Prenatal investigations: See over*

For enquiries, please call (029) 2074 4023

InnerWorkings Europe Ltd




**PLACE LABELLED SPECIMEN IN BAG
REMOVE PROTECTIVE STRIP, FOLD FLAP
ONTO BAG AND SEAL FIRMLY**



FCN176638/05

LGSFW RF
Version 01/18

LABORATORY GENETICS SERVICE FOR WALES

(Please apply patient label if available) Name of Patient: Address: Postcode: NHS / Hospital Number:		Hospital	Family Number (Clinical Genetics)		For Lab. use: Cyto No. DNA No. <table border="1"> <thead> <tr> <th>Sample(s)</th> <th>Volume(s)</th> </tr> </thead> <tbody> <tr> <td>EDTA</td> <td></td> </tr> <tr> <td>Heparin</td> <td></td> </tr> <tr> <td>Other</td> <td></td> </tr> </tbody> </table> Date of receipt:/...../..... Time of receipt: Date request activated/...../.....	Sample(s)	Volume(s)	EDTA		Heparin		Other	
		Sample(s)	Volume(s)										
		EDTA											
		Heparin											
Other													
Ward / OP Clinic	Consultant/GP (Block letters)												
D.O.B.	Requested by: (Block letters)	Bleep No.											
SEX	Signature	Additional copies of results to:											
Specimen	Danger of infection? Y / N	Investigation(s) required (Please circle and write details of test below) DNA / Chromosomes / FISH Details of test: Signed consent for test (see over)		Sample collection Date / / Time: NHS / Private / Research (circle)									
Provisional diagnosis		Relevant clinical details (If family history available – see over). Additional information required before culture / analysis: Linked Nos.: Results summary: For Prenatal samples: Operator (Person taking sample)  Gestation: LMP:											
		Analysed by: Checked by:		Date report issued/...../.....									
Please forward sample to: Genetic Diagnostic Laboratory, Medical Genetics Service for Wales University Hospital of Wales, Heath Park, Cardiff, CF14 4XW													

**TO AVOID DELAY PLEASE FILL IN ALL
DETAILS LEGIBLY AND ACCURATELY**

Genetic Diagnostic Laboratory, Medical Genetics Service for Wales
University Hospital of Wales, Heath Park, Cardiff, CF14 4XW

Family pedigree details if required

Please mark * against persons who have been sampled for inclusion in linkage/mutation/cytogenetic investigation and include their *full name and date of birth* on the family tree.

(Results are dependent on the samples being correctly labelled and family relationships being as indicated.)

Patient Consent

*I confirm that has explained
(professional's name)
the genetic test that I am about to have done
with respect to
(genetic condition)*

Signature: **Date:**

Health Professional: **Date:**

N.B. For **presymptomatic** molecular diagnosis - Clinical Genetics referral indicated.

FOR LAB. USE ONLY

Telephone Result / Request / Message (circle). *Details:*

By:
To:
Date:

PLEASE INSERT SPECIMEN(S) IN BAG ON REVERSE OF FORM AND SEAL FIRMLY

Blood samples:

- Cytogenetic analysis
- Molecular cytogenetic analysis - Lithium heparin (5mls*)
- Molecular investigations
- Lithium heparin (5mls*)
- EDTA (5-10 mls*) Buccal Scrape samples may yield some molecular results (PCR). Call enquiries if any further details required.

Prenatal samples:

Amniotic fluid (1.5mls).

* **Infants:** Minimum of 1ml.

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