

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

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

etrisinc



26561

FCN176638/04

LGSFW RF
Version 01/05

LABORATORY GENETICS SERVICE FOR WALES

CPA ACCREDITED

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