

All Wales Genomics Laboratory

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

Molecular investigations: EDTA (5-10 mlS*)

Prenatal investigations: See over*

For enquiries, please call (029) 2184 4023

FCN648317-00

InnerWorkings Europe Ltd

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

LGSFW RF
Version 01/18

ALL WALES MEDICAL GENOMICS SERVICE (AWMGS)

(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? <input type="checkbox"/> Y / N <input type="checkbox"/>	Investigation(s) required (Please circle and write details of test below) <input type="checkbox"/> DNA / Chromosome <input type="checkbox"/> FISH <input type="checkbox"/>		Sample collection Date/...../..... Time:									
Provisional diagnosis		Details of test: Signed consent for test (see over)		<input type="checkbox"/> NHS / Private <input type="checkbox"/> / Research (circle) <input type="checkbox"/>									
Relevant clinical details (If family history available – see over). For Prenatal samples: Operator (Person taking sample)		Additional information required before culture / analysis: Linked Nos.: Results summary: Analysed by: Checked by:											
Gestation:	LMP:			Date report issued/...../.....									

Please forward sample to: All Wales Medical Genetics Service, Canolfan Iechyd Genomig Cymru (CIGC), Cardiff Edge Business Park, Longwood Drive, Whitchurch, Cardiff, CF14 7YU

TO AVOID DELAY PLEASE FILL IN ALL DETAILS LEGIBLY AND ACCURATELY

All Wales Medical Genetics Service, Canolfan Iechyd Genomig Cymru (CIGC),
Cardiff Edge Business Park, Longwood Drive, Whitchurch, Cardiff, CF14 7YU

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 thathas 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 eq / Message (). *Details:*

By:

To:

Date:

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