

# 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**



LGSFW RF  
 Version 01/18

FCN648317.00

## LABORATORY GENETICS SERVICE FOR WALES

(Please apply patient label if available) Name of Patient:  Address:  Postcode:  NHS / Hospital Number:		Hospital	Family Number (Clinical Genetics)		<b>For Lab. use:</b>  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	<b>Investigation(s) required</b> (Please circle and write details of test below)  <i>DNA / Chromosomes / FISH</i>  <b>Details of test:</b>  <i>Signed consent for test (see over)</i>		Sample collection Date ..... / ..... / ..... Time:  <table border="1"> <thead> <tr> <th colspan="2">NHS / Private</th> </tr> <tr> <th colspan="2">/ Research (circle)</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> </tbody> </table>	NHS / Private		/ Research (circle)						
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: <table border="1"> <tr> <td><b>Operator</b> (Person taking sample)</td> </tr> <tr> <td>Gestation:      LMP:</td> </tr> </table>		<b>Operator</b> (Person taking sample)	Gestation:      LMP:	Analysed by: ..... Checked by: .....  Date report issued ...../...../.....									
<b>Operator</b> (Person taking sample)													
Gestation:      LMP:													
<b>Please forward sample to:</b> Genetic Diagnostic Laboratory, Medical Genetics Service for Wales University Hospital of Wales, Heath Park, Cardiff, CF14 4XW													
<b>TO AVOID DELAY PLEASE FILL IN ALL DETAILS LEGIBLY AND ACCURATELY</b>													

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 (15mls).

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

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