

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

<i>(Please apply patient label if available)</i>		Hospital	Family Number (Clinical Genetics)		For Lab. use: Cyto No. DNA No. Sample(s) Volume(s) <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											
Name of Patient:		Ward / OP Clinic	Consultant/GP (Block letters)								
Address:		D.O.B.	Requested by: (Block letters)	Bleep No.							
Postcode:		SEX	Signature	Additional copies of results to:							
NHS / Hospital Number:		Specimen		Danger of infection? Y / N	Investigation(s) required (Please circle and write details of test below) <i>DNA / Chromosomes / FISH</i> Details of test: <i>Signed consent for test (see over)</i>						
Provisional diagnosis		Sample collection		Date / / Time:							
Relevant clinical details (If family history available – see over).		Additional information required before culture / analysis:		NHS / Private / Research (circle)							
For Prenatal samples:		Linked Nos.:		Results summary:							
Operator (Person taking sample)		Gestation:		LMP:							
Gestation:		LMP:		Analyzed by:							
 8988		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 (15mls).

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

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