



PATENT NO. 2221208 B

JB-24462

IF LABEL USED APPLY BELOW		CYTOGENETICS, INSTITUTE OF GENETIC MEDICINE CENTRAL PARKWAY, NEWCASTLE UPON TYNE NE1 3BZ TEL 0191 241 8700 FAX 0191 241 8713		REQUEST FOR CHROMOSOME ANALYSIS	
PATIENT'S SURNAME		D.O.B.		SAMPLE TYPE	
FORENAME(S)		M / F		SEE OVER FOR INSTRUCTIONS	
PATIENT'S ADDRESS				CLINICAL DETAILS AND REASON FOR REFERRAL	
		POSTCODE			
HOSPITAL		WARD			
HOSPITAL No.		NHS No.			
CONSULTANT		REPORT TO			
G.P. / PRACTICE		DELETE AS NECESSARY		NHS / PRIVATE	
IF AGED UNDER 16 PLEASE GIVE					
MOTHER'S NAME		D.O.B.			
NHS No.				Samples will be processed only if full information is given	
FOR LABORATORY USE				In submitting this sample, the clinician confirms that consent for the investigations requested has been obtained.	
				Date of Specimen Time Taken	
				Signature	
				Print Name	
				Contact No.	

LABORATORY NOTES**Blood Samples**

SNP array analysis (developmental disorders / dysmorphism): at least 2ml blood in EDTA.

SNP array + molecular genetic test (e.g. FraX): 2-5ml blood in a single EDTA tube.

Chromosome analysis (karyotyping) for trisomies, sex chromosomes or infertility: 5ml blood in LITHIUM HEPARIN.

Urgent referrals (e.g. newborns): at least 2ml blood in LITHIUM HEPARIN plus 1ml blood in EDTA.

PLEASE DO NOT USE TUBES WITH A CAPACITY OF LESS THAN 2ml

PLEASE CLEARLY STATE WHICH TESTS ARE REQUIRED AND WHY

0191 241 8702

Amniotic Fluid Samples

10-20ml in a sterile plastic universal bottle, to arrive the same or next day. Store at room temperature if kept overnight. Details of LMP, scan and any relevant obstetric history should be given. Inform laboratory when specimens are sent. 0191 241 8795

Chorionic Villi

In transport medium provided, to arrive at the laboratory without delay. Details of LMP, scan and relevant obstetric history should be given. Inform laboratory when samples are sent. 0191 241 8795

Bone Marrow

Please send in tubes of culture medium (provided by Cyto genetics), without delay. **Please ensure same day receipt in laboratory.** Inform laboratory when samples are sent. 0191 241 8703

Solid Tumours

By arrangement only.

0191 241 8703

Skin, Fetuses, Fetal Material and Products of Conception

IT IS IMPORTANT THAT THE CORRECT SPECIMENS ARE SENT. PLEASE CONSULT YOUR PROTOCOLS OR CONTACT CYTOGENETICS IF YOU ARE UNSURE.

Send smaller samples in sterile saline. Send fetuses and large specimens in a clean, sterile container. If possible, send the same day. Otherwise, store at 4°C overnight. Include the placenta with any fetus. **DO NOT ADD FIXATIVE. DO NOT FREEZE.** Give gestation and details of relevant obstetric history.

Fetuses requiring post mortem will be forwarded to Pathology at the Royal Victoria Infirmary, Newcastle, unless alternative instructions are received. Fetuses not requiring a post mortem will be returned to the referring hospital. ER/POC will be cremated by the RVI unless alternative instructions are received. 0191 241 8796

User Manual

Copies of the user manual may be requested by telephone: 0191 241 8700 or downloaded from <http://www.newcastle-hospitals.org.uk/services/northern-genetics.aspx>

High Infection Risk: In accordance with the Health & Safety at Work Act and the COSHH Regulations, the sender must inform the laboratory of any infection risk associated with submitted sample(s).

**CYTOGENETICS, INSTITUTE OF GENETIC MEDICINE
CENTRAL PARKWAY, NEWCASTLE UPON TYNE**

NE1 3BZ

TEL 0191 241 8700 FAX 0191 241 8713

PLACE SPECIMEN CONTAINER IN BAG AND PLACE BAG ON FLAT SURFACE. REMOVE PROTECTIVE STRIP, FOLD ONTO BAG AND SEAL FIRMLY