

**CPA ACCREDITED
LABORATORY**

**West Midlands Regional Genetics Laboratory
MOLECULAR GENETICS REFERRAL**

Birmingham Women's Health Care NHS Trust
Edgbaston, Birmingham B15 2TG
Tel: (0121) 627 2710 Fax: (0121) 627 2711

Please complete all boxes (in ball point pen), or use patient information label.
* = please circle or delete as appropriate. Referrals for Cytogenetics require a separate BLUE form.

Surname		First name(s)		Reg. No.	CG Number
DOB	Sex	Type * NHS/Private	NHS Number	Ethnic Origin (if relevant, e.g. for CF)	Date Sample Taken
Address			Referring Clinician Consultant or GP Name in full		Medical Specialty
			Referral Centre Hospital, practice etc. Name in full		Ward
Postcode			Type of Sample: * Venous Blood / Cord Blood / Bone Marrow Skin / Other (please specify):		Extraction Required * DNA/RNA
Disease: Name of affected relative (s) Relationship of this person to affected relative (Please give details) SIGNATURE		Status Please circle: 1) Affected 2) ? Affected 3) At risk 4) Obligate carrier by family history 5) Possible carrier by family history 6) Population risk 7) Not at risk 8) Prenatal diagnosis	Test(s) Required Please circle: 1) Mutation screen 2) Family studies 3) Confirmation of familial mutation 4) Predictive testing - please give next appointment date: 5) Send to other Lab (please supply details) 6) DNA/RNA banking only 7) For research only 8) Other - please specify:	Patient Consent Has consent been given for: Testing for this referral reason? YES/NO Residual samples* being stored for use in future ethically approved research? YES/NO For deceased patients, has consent been given to store this sample? YES/NO FOR CLARIFICATION SEE OVERLEAF	
E-mail: genetics.lab@bwhct.nhs.uk Website: http://www.bwhct.nhs.uk/wmrgl For replacement forms please contact laboratory or see website			Blood and bone marrow samples for molecular analysis Should be placed in EDTA tubes		

USE FOR MOLECULAR GENETIC SPECIMENS ONLY

West Midlands Regional Genetics Laboratory, Birmingham Women's Health Care NHS Trust, Edgbaston,
Birmingham B15 2TG

Telephone: (0121) 627 2710 Fax: (0121) 627 2711 E-mail: genetics.lab@bwhct.nhs.uk

If transit to the laboratory is delayed, please store the sample at 4°C.

Please send blood and bone marrow samples for cytogenetic analysis in lithium heparin tubes.

Bone marrow samples may also be sent in culture medium (available from the laboratory).

Samples for DNA or RNA extraction only should be sent in EDTA tubes, and accompanied by a green molecular genetics referral form.

For further information on sample requirements, guidelines relating to other sample types, and downloadable copies of this form, please see our departmental website <http://www.bwhct.nhs.uk/wmrql>

Please complete all sections overleaf IN FULL, and ensure all tubes are secure and clearly labelled with patient details.

Patient Consent Clarification:

Under the Human Tissue Act 2004 informed patient consent is required for all tests from all patients, and for storage of RNA and DNA from DECEASED patients.

RNA and DNA from LIVING patients may be stored without consent for the following purposes (patients should be made aware of this): Audit, education and training, performance assessment, quality assurance and anonymised research.

* Consent for research should be taken according to HTA guidance and therefore by circling yes this means that the patient has been given a patient information leaflet (available on our website, address above), had the opportunity to ask questions and consented. Please send a copy of the signed consent form.

PLEASE INSERT SPECIMENS IN BAG ON REVERSE OF FORM

MOLECULAR GENETICS