



North East and Yorkshire
Genomic Laboratory Hub

Genetic Testing Request Form Feto-maternal

Lab Use Only

Lab No:
Date received (dd/mm/yyyy):

Patient Information – use sticker if available

Requesting Consultant / Midwife / Genetic Counsellor

NHS No:		D.O.B (dd/mm/yyyy):		Full Name:	
Surname:		Sex:		Contact E-mail:	
Forenames:		Ethnicity:		Hospital:	
Patient's Address		Hospital No:		Ward /Clinic:	
		Clinical Genetics No:		Address/ email for report:	
Postcode					

High risk of Infection If yes please affix label to samples and form and specify.

Test Required – please refer to National Genomic Test Directory (<https://www.england.nhs.uk/publication/national-genomic-test-directories/>).

Samples will not be accepted without an R number and test name

R Number:	Test:
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Clinical details	Gestation of the pregnancy:
Type of Test (please tick): <input type="checkbox"/> Diagnostic test <input type="checkbox"/> Test for familial condition / mutation <input type="checkbox"/> Maternal sample for MCC enclosed (in EDTA) <input type="checkbox"/> Chorionic villus – 10-30 mg in transport medium <input type="checkbox"/> Amniotic fluid – 10-20 ml in universal container <input type="checkbox"/> Fetal blood – 1-2 ml in EDTA <input type="checkbox"/> Maternal blood for NIPD – 20 ml in Streck tube <input type="checkbox"/> Products of Conception <input type="checkbox"/> Other – please specify	By requesting this test you are confirming that this patient meets the eligibility criteria as defined by the: National Genomic Test Directory . Please list how the patient meets the testing criteria and provide any additional pertinent clinical information. For predictive tests include details of affected family members. Please note requests for R21 require Clinical Genetics input and specific additional forms.
Extracted DNA will be stored in the laboratory, please tick box if consent for storage has <u>NOT</u> been given <input type="checkbox"/>	
Telephone/Bleep for Urgent results:	

Specimen details	Sample Date: (dd/mm/yyyy)	Sample Time:	Taken by:
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<https://ney-genomics.org.uk/>

Once taken, samples should be sent to your local Genetics Laboratory

Please ensure a minimum of 3 matching identifiers on tubes and form
Samples should be packed according to UN3373 / P650 and sent as soon as possible.
Please store samples at 4°C if they cannot be transported the same day.

Newcastle Genetics Laboratory	Newcastle Genetics Laboratory Central Parkway Newcastle upon Tyne Tyne and Wear NE1 3BZ	nuth.constitutional.genomics@nhs.net
		0191 241 8795
		www.newcastlelaboratories.com/lab_service/laboratory-rare-diseases-services/
Sheffield Genetics Laboratory	Sheffield Diagnostic Genetics Service Sheffield Children's NHS Foundation Trust Western Bank Sheffield S10 2TH	sheffield.diagnosticgenetics@nhs.net
		0114 271 7014
		www.sheffieldchildrens.nhs.uk/SDGS.htm
Leeds Genetics Laboratory	Leeds Genetics Laboratory Genomic Specimen Reception Bexley Wing (Level 5) St James's University Hospital Beckett Street Leeds, LS9 7TF	leedsth-tr.prenatalgeneticslab@nhs.net
		0113 206 5419/5205
		www.leedsth.nhs.uk/a-z-of-services/the-leeds-genetics-laboratory/