

(WRGL use only):

Investigation(s):

WESSEX REGIONAL GENETICS LABORATORY

Salisbury District Hospital, Salisbury, Wilts. SP2 8BJ

Tel.: +44(0)1722 429080

E-mail: shc-tr.WRGLdutyscientist@nhs.net

Web: www.wrql.org.uk



W

--	--	--	--	--	--	--	--	--	--

DNA loc:

In before? Initials:

Referral reason:

Date of receipt:

PRENATAL DIAGNOSIS

PATIENT DETAILS

Sample type

SURNAME	FORENAME
Date of birth	NHS number
Sex	Hospital number
Referring clinician	Hospital / Department / Referral centre
Clinician's contact number	NHS Private (address for invoicing):
NHS.net email	
Patient post code	Additional copies to

Chorionic villi

Amniotic fluid

Date of collection ___ : ___ : ___

Collected by

Obstetric details

Gestation by U/S

EDD ___ : ___ : ___

Bleeding prior to sampling

Fetal sex by U/S (if known): **M / F**

REASON FOR REFERRAL

Screening risk (21) 1: _____ (18) 1: _____ (13) 1: _____ Combined Integrated Nuchal Serum

Abnormal ultrasound scan *Provide full details below, including all scan findings (continue overleaf if required):*
Provide PARENTAL bloods (in EDTA)

NIPT

Single gene test for known familial mutation
Provide 7 days prior notice
Provide MATERNAL blood (in EDTA)

Other

Previous obstetric history *(state number)*

Previous livebirths

Previous stillbirths

Previous miscarriages

Previous induced terminations

Details of any previous genetic investigations or relevant obstetric history

Are Rare and Inherited Disease eligibility criteria fulfilled? **Y / N**

In submitting this sample the clinician confirms that consent has been obtained for testing and storage. Anonymised stored samples may be used for quality control procedures including validation of new genetic tests.



SAMPLE REQUIREMENTS: Prenatal diagnosis

ACCEPTANCE CRITERIA

The National Genomics Test Directory specifies which tests are funded by NHS England, together with their eligibility criteria (<https://www.england.nhs.uk/publication/national-genomic-test-directories/>). Clinical Genetics services are available if required for advice or discussion of possible specific genetic diagnoses. For rare or unusual cases, please contact Wessex Clinical Genetics Service, Level G, Princess Anne Hospital, Coxford Road, Southampton, Hants. SO16 5YA; tel: **02381 206170**.

SAMPLE COLLECTION

Chorionic villi: Flasks of transport medium will be provided by the laboratory on request. The sample should be aspirated into a syringe containing 1-2 ml of the heparinised transport medium. The aspirated villi should be transferred immediately to the flask and mixed thoroughly with the rest of the transport medium to avoid clotting of blood-contaminated aspirates.

Amniotic fluid: We require 15 to 20 ml of amniotic fluid to be collected using a syringe with a plastic (non-toxic) plunger. The fluid should be split between two STERILE universal containers (NOT GLASS). Please ensure that the tops of the containers are securely tightened.

Referrals for array-CGH or molecular genetic investigation for an unknown mutation:
Must be accompanied by a blood sample (5 ml in an EDTA tube) from both parents.

Referrals for molecular genetic single-gene test for known familial mutation:
Must be accompanied by a maternal blood sample (5 ml in an EDTA tube) so that the laboratory can exclude maternal cell contamination.

Details on both the referral form and the sample tube should be **complete and legible**. We reserve the right to refuse to process samples with incomplete, illegible or ambiguous patient information.

Any samples in the wrong tube or medium, or which are subject to significant delay in transit, are liable to be rejected. Blood samples from patients who have had a recent blood transfusion may not be suitable for testing.

SAMPLE DESPATCH AND TRANSPORT

Sample and referral form should be sent **together** in a secure leakproof package (hard cardboard box not a padded envelope) according to UN P650 packaging instructions. Outside packaging should be clearly labelled '**PATHOLOGICAL SAMPLE FOR DELIVERY TO GENETICS**'.

Prenatal samples should be sent directly to the Wessex Regional Genetics Laboratory by guaranteed next-day delivery, courier service or hospital transport.

WRGL opening hours are 9 am – 5.30 pm Mon-Fri. Chorionic villus samples should arrive the day they are taken and cannot be accepted on Fridays, unless under exceptional circumstances and by prior arrangement with the laboratory.

For current information and to download copies of our referral forms and service guides, please refer to our website: www.wrql.org.uk