

(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.WRGLdutysscintist@nhs.net](mailto:shc-tr.WRGLdutysscintist@nhs.net)

Web: [www.wrql.org.uk](http://www.wrql.org.uk)



**Central & South**  
Genomic Laboratory Hub

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DNA loc:  
In before?                      Initials  
Date of receipt:

Referral reason:

**PREGNANCY LOSS AND SOLID TISSUES**

**PATIENT DETAILS**

Addressograph label

<b>SURNAME</b>	<b>DATE OF BIRTH</b> _ : _ : _	<b>SEX</b>	Referring consultant
<b>FORENAME</b>	<b>NHS NUMBER</b>		Hospital / Department
Postcode	Hospital number / Genetics number		Clinician's contact number
NHS England / Other NHS / Private (Address for invoicing if not NHS England):	Additional copies to		Clinician's NHS.net email  @nhs.net

**Test selection:** please enter the National Genomic Test Directory clinical indication details.

Please refer to <https://www.england.nhs.uk/publication/national-genomic-test-directories/>

**National Genomic Test Directory test code(s):** R \_\_\_\_\_

**Test code name(s):**

**Or select:** R318 (3+ miscarriages)     R22 (Likely chromosomal abnormality)     R346 (DNA storage only)

<b>Sample type:</b>	<b>Obstetric details:</b>	<b>Previous obstetric history:</b> (state number)
Skin <input type="checkbox"/>	Date of delivery _ : _ : _      Gestation (wks) _ _	Livebirths _____
Placenta <input type="checkbox"/>	EDD _ : _ : _	Miscarriages _____
Cord <input type="checkbox"/>	Phenotypic sex: Male / Female / Not known	Stillbirths _____
ERPC <input type="checkbox"/>	Spontaneous miscarriage <input type="checkbox"/> TOP <input type="checkbox"/> Stillbirth <input type="checkbox"/>	Terminations _____
Other (state)	Live patient <input type="checkbox"/> Coroner's case <input type="checkbox"/> Date of death _ : _ : _	

Date of sample collection \_ : \_ : \_      Collected by:

**Requirement for remaining tissues to be returned** (please provide appropriate notification paperwork)(✓)    Yes     No

**Referral reason:** please provide full clinical information, including details of prenatal/previous genetic testing



9005

# SAMPLE REQUIREMENTS: Solid Tissues

## ACCEPTANCE CRITERIA

The Genomic Medicine Service came into operation in England in 2020. The Wessex Regional Genetics Laboratory is part of the Central and South GLH Genomic Laboratory Hub (GLH).

The National Genomic Test Directory specifies which tests are funded by NHS England, together with their eligibility and referral criteria: <https://www.england.nhs.uk/publication/national-genomic-test-directories/>. Please note that any test not included in the National Genomic Test Directory will not be centrally funded and will incur a charge. Please contact the laboratory for further information.

Clinical Genetics services are available if required for advice on rare or unusual cases. Please contact Wessex Clinical Genetics Service (WCGS), Level G, Princess Anne Hospital, Southampton, SO16 5YA (02381 206170)

## SAMPLE COLLECTION

- **Do not place samples in fixative.**
- Forward as soon as possible following collection, but if there is delay, store at 4°C.
- Multiple samples may increase the success rate of testing.

### **Pregnancy loss / Coroner's referrals:**

- **Do not send ERPC (Evacuation of Retained Products of Conception) samples in the procedure evacuation container. Please separate solid tissues and transfer to a sterile, leakproof container.**
- **If consented, fetal tissue can be provided, although an accurate fetal genetic constitution can often be established from extra-embryonic tissue.**

POC	Solid tissues	Dry, sterile, leakproof container
Placental biopsy	>2 cm <sup>3</sup>	Dry, sterile, leakproof container
Fetal tissues (e.g. skin, muscle, cord)	>1 cm <sup>3</sup>	Dry, sterile, leakproof container
Cord/peripheral blood	1-2 ml	EDTA tube

### **Biopsies from live child/adult referrals, or for cell culture:**

Skin biopsy	Full-depth needle punch biopsy	In tissue culture medium available from the laboratory or WCGS ( <b>do not send dry</b> )
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Details on both the referral form and the sample container should be **complete and legible**. Please ensure **samples are labelled with patient identifiers** (name, dob, unique identifier (e.g. NHS/Hospital number)). We reserve the right to refuse to process samples with incomplete, illegible or ambiguous patient information.

**Any samples in the wrong container 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 leak-proof package (hard cardboard box not a padded envelope) according to UN3373 shipment classification and packaging instructions P650, to arrive as soon as possible after collection. Outside packaging should be clearly labelled '**PATHOLOGICAL SAMPLE FOR DELIVERY TO GENETICS**'. WRGL opening hours are 9 am - 5.30 pm, Mon-Fri.

Further information on the available tests, the sample acceptance policy, and instructions for sample collection and despatch are provided on the Solid Tissues Service Guide on the 'Our Services' page of our website.

**For current information and to download copies of our referral forms and service guides, please refer to our website: [www.wrql.org.uk](http://www.wrql.org.uk)**