# REGIONAL CYTOGENETICS LABORATORY NORTH EAST THAMES REGIONAL GENETICS SERVICE

# Sending a sample

## **Request Form**

Clear and legible completion of the request form is an essential requirement for acceptance of samples.

The following details are required:

Please note that **three** matching patient identifiers are required on the sample bottle and request form.

#### **Patient details**

- Surname and given names of patient (not those of another family member such as the wife or mother
  except in the case of an un-named baby when the mother's name should be provided, e.g. 'Baby of
  Susan Smith')
- Hospital No
- NHS number
- Date of birth
- PCT code
- Patient postcode
- GP details

#### **Consultant details**

- Full name of referring consultant (initials are not acceptable) and address to which the report is to be sent
- Contact telephone/bleep number for laboratory enquiries

#### Sample details

- Test required
- Type of sample
- · Date of sample

#### Clinical details

Appropriate application of tests is wholly dependent upon the information we receive from you. Please provide us with all relevant clinical details, family history and results of any previous genetic testing that may have been carried out (with name of laboratory and reference numbers if possible).

#### Consent

In submitting the sample the clinician confirms that consent for testing and possible storage has been obtained.

#### Sample

#### Packaging and transporting the sample

- The sample must be in the appropriate container see *At-a-glance specimen requirements and turnaround times*
- The sample must be labelled with the patient surname and given names, hospital number or date of birth, and date sample taken. Please note that **three** matching patient identifiers are required on the sample bottle and request form
- Wrap the sample in absorbent material and place in a sealed, leak-proof dual pocket sample bag. The
  request card should be put in the second pocket
- Place the sample bag in a rigid container
- Transport to the laboratory as soon as possible, preferably on the day of sampling
- Store at 4°C if there is a delay in transport (do not freeze or expose to heat)

# **Urgent samples**

Prenatal and neonatal samples from babies (=<3 months) are always treated as urgent by the Laboratory. For other urgent samples, please state 'urgent' clearly on the request card with the reason for the urgency.

# High risk samples

Samples from high-risk patients (e.g. carriers of HIV, Hepatitis B, Hepatitis C) must be labelled with an appropriate hazard warning sticker. The nature of the risk must be clearly stated on the request card.

High risk samples requiring containment level 3 facilities, e.g. known cases of nvCJD cannot be processed.

# Inadequate labelling

Inadequate labelling of a sample (e.g. discrepancy between the patient name on the sample and the name on the referral card; or no name on the sample; or no name on the request card) may result in a sample not being processed.

### **Unsuitable samples**

Samples in unsuitable condition are unlikely to result in a satisfactory result. They will not usually be processed, and a repeat sample will be requested. Common problems are:

- sample in wrong tube
- sample clotted
- sample delayed in transit for more than 5 days
- non-viable sample (lysed, frozen, fixed, infected)
- broken glass sample tube plastic tubes should always be used

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