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| C:\Users\genjac\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\Y8UB4WTY\NEY_GLH_Large_alt.png | **Genetic Testing Request FormFeto-maternal** | **Lab Use Only**Lab No: Date received: **dd/mm/yyyy** |
| **Patient Information** – use sticker if available | **Requesting Consultant / Midwife / GC** |
| **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:** |   | **Copy of report to go to:** |   |
| **Postcode** |   |
| **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:**   |
| **Clinical details** | **Gestation of the pregnancy:** |   | **High Infection Risk**  [ ] Please provide details below |
| Type of Test (please tick):Diagnostic test [ ] Test for familial condition / mutation [ ]  | By requesting this test you are confirming that this patient meets the eligibility criteria as defined by the: [National Genomic Test Directory](https://www.england.nhs.uk/publication/national-genomic-test-directories/)Please list how the patient meets the testing criteria and provide any additional pertinent clinical information. For familial tests include details of affected family members.Please note requests for R21 require Clinical Genetics input and specific additional forms. |
| Maternal sample for MCC enclosed (in EDTA) [ ]  |
| Chorionic villus – 10-30 mg in transport medium [ ] Amniotic fluid – 10-20 ml in universal container [ ] Foetal blood – 1-2 ml in EDTA [ ] Maternal blood for NIPD – 20 ml in Streck tube [ ] Products of Conception [ ] Other – please specify [ ]  [ ]  |
| Cultured cells or extracted DNA may be stored, if consent for storage has NOT been given please tick box [ ]  |
| **Telephone/Bleep for Urgent results:** |   |
| **Specimen details**  | **Sample Date:** | **dd/mm/yyyy** | **Sample Time:** |   | **Taken by:** |   |

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| C:\Users\genjac\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\Y8UB4WTY\NEY_GLH_Large_alt.png | **Once taken, samples should be sent to your local Genetics Laboratory**Please ensure a minimum of 3 matching identifiers on tubes and form Samples packed according to UN3373 / P1650 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 LaboratoryCentral ParkwayNewcastle upon TyneTyne and WearNE1 3BZ | nuth.constitutional.genomics@nhs.net  |
| **0191 241 8787/8775/8754** |
| [www.newcastlelaboratories.com/lab\_service/laboratory-rare-diseases-services/](http://www.newcastlelaboratories.com/lab_service/laboratory-rare-diseases-services/) |
| **Sheffield Genetics** **Laboratory** | Sheffield Diagnostic Genetics ServiceSheffield Children’s NHS Foundation TrustWestern BankSheffield S10 2TH | sheffield.diagnosticgenetics@nhs.net |
| **0114 271 7014** |
| [www.sheffieldchildrens.nhs.uk/SDGS.htm](http://www.sheffieldchildrens.nhs.uk/SDGS.htm) |
| **Leeds Genetics** **Laboratory** | Leeds Genetics Laboratory Genomic Specimen Reception Bexley Wing (Level 5)St James's University HospitalBeckett StreetLeeds, LS9 7TF | leedsth-tr.prenatalgeneticslab@nhs.net  |
| **0113 206 5419/5205** |
| [www.leedsth.nhs.uk/a-z-of-services/the-leeds-genetics-laboratory/](https://www.leedsth.nhs.uk/a-z-of-services/the-leeds-genetics-laboratory) |