

Lab Ref:

uclh

**NEUROGENETICS UNIT
INSTITUTE OF NEUROLOGY
DNA Analysis Request Form**

University College London Hospitals



NHS Foundation Trust

Accredited Medical Laboratory
Reference No:1670

Surname		Forename(s)		Date of Birth	Gender (Please tick) <input type="checkbox"/> M <input type="checkbox"/> F	Ethnic Origin
Address			Hospital No.		Date/Time Taken 01/06/2016	
			NHS No.		Date/Time Received 16/06/2016	
Post Code	GP	Referring Hospital		Consultant Henry HOULDEN		Priority <input type="checkbox"/> Urgent (Please tick) <input type="checkbox"/> Routine
Genetic Investigation in Family? <i>if yes please provide names, relationships and DOBs of relatives below:</i>		Email address for report (NHS.NET only)		Purchase Order No.		Sample Type (Please tick)
<input type="checkbox"/> Y		Address for report		Billing Address (if different to report address)		<input type="checkbox"/> Blood <input type="checkbox"/> DNA
<input type="checkbox"/> N						<input type="checkbox"/> Muscle <input type="checkbox"/> CVS
		Date and time of next appointment		If DNA, extraction method and conc.		<input type="checkbox"/> Urine
						<input type="checkbox"/> Other
						<input type="checkbox"/> Other
						Reason for Referral (Please tick)
						<input type="checkbox"/> Diagnostic Test <input type="checkbox"/> Prenatal
						<input type="checkbox"/> Affected <input type="checkbox"/> Carrier test
						<input type="checkbox"/> Possibly Affected <input type="checkbox"/> Family history
						<input type="checkbox"/> Predictive test <input type="checkbox"/> Familial mutation
						<input type="checkbox"/> DNA storage <input type="checkbox"/> DNA export
						<input type="checkbox"/> Other
Relevant clinical details / pedigree						Lab use only
SYNaPS						
Test(s) requested						
CONSENT STATEMENT MUST BE SIGNED: It is the referring clinician's responsibility to ensure that the patient/carer knows the purpose of the test and that the sample may be stored for future testing related to specific diagnosis for the patient. In signing this form the clinician confirms that they have obtained consent for testing and storage. The patient should be advised that the sample may be used anonymously for quality assurance, research and training purposes. Please advise us of any restrictions. This laboratory follows the recommendations laid down by the Joint Committee on Medical Genetics guidance document "Consent and Confidentiality in Genetic Practice September 2011".						
CLINICIAN NAME: EMER OCONNOR			SIGNATURE:			

CDP 174

Please send samples to:
Neurogenetics Department
6th Floor, Institute of Neurology,
Queen Square House
Queen Square, London
WC1N 3BG

SERVICE INFORMATION

Website: www.uclh.nhs.uk/neurogeneticslab
General Enquires: ucl-tr.NHNNgenetics@nhs.net
Tel: 020 344 84250

Laboratory opening hours are:
09.00 – 17.00 Monday to Friday

SAMPLE INSTRUCTIONS

Samples from wards and clinics at the University College London Hospitals (UCLH) should be accompanied with this form. Blood and DNA samples from outside hospitals can be sent by first class mail.

Association for Clinical Genetic Science (ACGS) guidelines recommend at least 2 pieces of identifying information on every sample tube:

- Patient's full name (surname/family name and given/individual name)
- Date of birth and/or unique hospital/NHS number

Other information provided with referrals should include a pedigree, where appropriate, with the full names of known individuals and correct family identifiers. The user manual and copies of the referral form are available to view and download from the website.

SAMPLE TYPE:

- **DNA:** 1-3 micrograms of DNA. Please include concentration and method of extraction on the form.
- **Blood:** 10-12 mls (minimum volume 2 mls), in **PLASTIC** EDTA tubes.
- **Prenatal:** By prior arrangement **ONLY**.
- **Urine:** Sample to be taken first thing in the morning.
- **Muscle/Tissue:** Should be sent frozen, on dry ice, by courier. Please advise the laboratory of the arrival of these samples in advance.

Samples coming from outside UCLH **MUST BE PACKAGED IN ACCORDANCE WITH UN PACKING REQUIREMENT PI 650** and **clearly labelled 'diagnostic specimen UN3373'**.