

### **PATIENT DETAILS** *(Printed label if available)*

Family name:  
First name(s):  
Date of birth:  
Sex: M F U  
NHS number:  
Hospital number:  
Address: Ethnic Origin:  
Case / Family number:  
Postcode: NHS Private

Please supply the name and address for invoicing

### **REFERRER DETAILS**

Consultant / Clinician: Job Title:  
Hospital address:  
Email: (PTO for more information) Tel No:  
Contact Name: (if different)  
Additional copies to:

### **CLINICAL DETAILS AND FAMILY HISTORY**

For pedigrees please mark ⚡ against person sampled with this request card. Where appropriate identify other family members that may be known to the lab with their full name and date of birth.

Is the patient or their partner pregnant? If YES: gestation at sampling by scan?

For infertility referrals please give partner's name and DOB:

If this case has been discussed with the Clinical Genetics department, please give name of contact in Genetics:

**HIGH RISK SAMPLES:** If a specimen is known to present an infection hazard it must be clearly labelled 'DANGER OF INFECTION' and the infection hazard stated.

### **Sample requirements** – further details available from our web-site: [www.ouh.nhs.uk/geneticslab](http://www.ouh.nhs.uk/geneticslab)

For Chromosome analysis, Fluorescence In Situ Hybridization (FISH): **Blood in LITHIUM HEPARIN (1-5ml)** ☐ (Tick box if requested)

For gene sequencing, specific mutation tests, dosage, SNP array: **Blood in EDTA (1-5ml)** ☐ (Tick box if requested)

*N.B. For FRAX testing please send blood in both EDTA and lithium heparin*

**Has this patient had a recent blood transfusion or ever had a bone marrow transplant?** if yes give details below

Other (Please state)

Date sample taken:  
Name of person taking sample:

### **TEST(S) REQUESTED** – please read consent information overleaf

NHSE Genomic Medicine Service R/M Code:

### **For Lab Use**

Date of receipt: Initials: Sample Condition/Volume:  
Comments:

**CONSENT:**

In submitting this sample the clinician confirms that informed consent has been obtained for (a) storage and testing (current and future testing as this becomes available) (b) the use of this sample and the information generated from it to be shared with members of the donor's family and their health professionals (if appropriate).

If specific consent to any of the above is not given please provide details below.

The patient should be advised that the sample may be used anonymously for quality assurance, training and research purposes.

**Further Information:**

In complying with the Human Tissue Act 2004 all surplus tissue samples are discarded once DNA/RNA has been extracted.

Please be aware that anonymised genomic and clinical data may be shared within and beyond the NHS for diagnostic and research purposes.

**Electronic Reporting via Email:**

The Oxford Genetics Laboratories are now offering the option to receive reports by Email. If you would like to receive future reports via this method please provide your email address in the referrer details section (NHS.net email preferred). To set this up, the laboratory will contact you with further information.

**Laboratory contact details:**

General Enquiries Tel: +44 (0)1865 226001

Duty scientist e-mail: [orh-tr.dutyscientist.oxfordgen@nhs.net](mailto:orh-tr.dutyscientist.oxfordgen@nhs.net)

**Opening hours:** 9.00am – 5.00pm Monday – Friday (excluding bank holidays)

**Sample dispatch:**

Please send blood samples at room temperature via your local pathology sample transport pathway or by 1st class post or courier to:

(For other samples please enquire or consult web-site)

**Oxford Regional Genetics Laboratories  
Churchill Hospital  
Old Road  
Headington  
Oxford  
OX3 7LE  
UK**

**N.B. Samples for chromosome analysis should be sent to arrive at the laboratory within 24 hours.**

**For further information about sample requirements and tests available see:**

[www.ouh.nhs.uk/geneticslab](http://www.ouh.nhs.uk/geneticslab)

**Information for patients:**

Blood samples can be arranged via your GP or the phlebotomy clinic of your local hospital. This form must accompany the sample.

Following receipt of the sample, laboratory staff are unable to provide information on samples and test results directly to patients or their relatives. Such enquiries should be directed to the referring clinical teams