Request for Genetic Analysis

Please see reverse for instructions on submitting samples

Department of Clinical Genetics
Children's Health Ireland at Crumlin, Dublin 12
Cytogenetics: (01) 409 6737
Molecular Genetics: (01) 409 6733
Email: genetics.lab@olchc.ie
Lab APP: http://olchlab.return2sender.ie

Sample Type:	Surname:	Hospital Name:	
	First Name(s):	Patient's Hospital Record No. (MRN):	
Sample Collection: Date:…….. Time:…….. Name of person taking sample:	Home Address:	Date of Birth (DOB):	Sex:
Gestational age, for prenatal diagnosis samples:	**Consultant/GP (First Name and Surname):** **Tel. Number:**_____	Referring Hospital Pathology/Dispatch No:	
Genetics Pedigree No. (internal use):	Ward/Clinic/Surgery address & contact number:	Send additional copies of report to:	

Details of Test(s) Requested:

Current Diagnosis:

Clinical Information:
If relevant, please circle one if the following: Affected / Unaffected / Carrier Status / Unknown

Family History: (include details of name & DOB of index case & relationship)

Informed Consent: Please circle YES or No as appropriate

Patient or Guardian:
I consent to be tested for the genetic test(s) and understand the implications of the test YES / NO
I consent for the DNA from this sample to be stored YES / NO
I consent for this sample to be used for quality assurance and audit purposes YES / NO
I consent for the results of this test to be available to assist in testing other family members YES / NO

Patient/Guardian Signature:…….. Date: ……

NOTE re Diagnostic Huntington Disease (HD) referrals: ***an additional consent form is required, see CHI at Crumlin website***

Consent Undertaken by (Referring Consultant/Genetic Counsellor):

Signature:…….…….. Date: …… Medical Council Registration No: …….....

Please note: As the referring consultant requesting this test you are taking responsibility for any actionable findings in the final report.

DCG lab no (internal use only):

Date/time of receipt (internal use only):

GENETIC TESTS:

- Genetic investigation requests should be made by a consultant
- If in doubt, defer testing and seek advice from a Clinical Geneticist
- Ultimate responsibility for a laboratory result rests with the requesting consultant
- Forms that are incomplete or unsigned, illegible, or otherwise deficient will be rejected under normal quality control standards

Instructions for Submitting Samples for Genetic Testing

Policy for Labelling Requirements:

- At least 2 unique patient identifiers must be present and matching between paperwork and samples- identifiers are most usually full name (forename name and surname) and DOB *or* Hospital Number
- In instances where a forename has not been established for a newborn baby, samples and request forms must contain surname, DOB *and* Hospital Number
- IDs on sample tubes and referral paperwork must agree with each other
- Further details of our 'Labelling Policy' are available on our lab app at *http://olchlab.return2sender.ie/ also* available for both Apple and Android.

CYTOGENETICS (Karyotyping/FISH Analysis/Microarray):

Microarray (aCGH) (please contact laboratory for availability)

- Children and Adults: 3-5ml of venous blood in EDTA.
- Infants: 1ml of venous blood in EDTA. (DNA can be extracted from smaller blood samples (0.5ml) if necessary).

Karyotyping/FISH

- Blood (Children and Adults): 2ml in Lithium Heparin
- Blood (Infants): 1ml (minimum) in Lithium Heparin micro tube (1.3ml capacity)
- Amniotic fluid: 10-20ml directly into sterile container with screw cap
- Chorionic villus sample: Place tissue in sterile CVS transport medium
- Tissue: Collect specimen into sterile plastic container filled with culture medium (Ham's F10 supplemented with 10% foetal calf serum and antibiotics is recommended)
- Bone marrow, blood, pleural effusions, and ascites for haematological referrals: Place sample into RPMI medium with heparin.

Samples for cytogenetics should be dispatched as soon as possible by post or courier. Prior to and during dispatch samples must be kept at room temperature and must never be frozen. Gently invert tubes several times to avoid clotting of blood or marrow samples.

Directed FISH analysis is also possible on bone marrow smears, cytospins, buccal smears, and touch preps (please contact the lab for further details regarding the optimum preparation of these slides).

MOLECULAR GENETICS (DNA Analysis):

- Adults- 3-5ml of venous blood in EDTA anticoagulant.
- Infants- 1ml of venous blood in EDTA anticoagulant. (DNA can be extracted from smaller blood samples (0.5ml) if necessary).

Send samples for molecular genetics at room temperature by post or courier. Refrigerate if there is a delay before posting.

We occasionally accept types of sample other than venous blood in EDTA anticoagulant by special arrangement (please contact the lab prior to sending these samples, for further details).

MOLECULAR GENETICS REQUESTS FOR TESTS NOT PERFORMED IN DCG:

- For a list of in-house tests, please refer to our lab app http://olchlab.return2sender.ie/
- We also maintain a register of hundreds of diseases for which tests are available abroad, and for which we provide a referral service, which includes DNA preparation. Please note that invoices for testing via external laboratories are directed to the referring clinician, and costs can range up to several thousand euro. Please contact us at *duty.scientist@olchc.ie* or 01-409 6733 if such costs are a consideration prior to testing.